
State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/		

Filing at a Glance

Company:	Catholic Order of Foresters
Product Name:	FCNH, FCLTC, FCLTC 2000
State:	Pennsylvania
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate - M.U. (Medically underwritten)
Date Submitted:	11/04/2022
SERFF Tr Num:	UHAS-133154716
SERFF Status:	Closed-Approved
State Tr Num:	UHAS-133154716
State Status:	Approved
Co Tr Num:	

Effective	
Date Requested:	
Author(s):	Eva Gaber, Carolyn Bittner
Reviewer(s):	Sean Carmody (primary), Jim Laverty
Disposition Date:	12/28/2022
Disposition Status:	Approved
Effective Date:	

State Filing Description:

Proposed 16.67% increase on 8 policyholders of individual long term care forms FCNH, FCLTC, and FCLTC 2000.

State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/		

General Information

Project Name: COF LTC Rate Increase Round 6 - Gens 1 and 2 Status of Filing in Domicile: Authorized

Project Number:	Date Approved in Domicile: 05/11/2021
Requested Filing Mode: Review & Approval	Domicile Status Comments: Illinois is the state of domicile.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 16.67%	Filing Status Changed: 12/28/2022
	State Status Changed: 12/28/2022
Deemer Date:	Created By: Michael Blaser
Submitted By: Eva Gaber	Corresponding Filing Tracking Number:
	State TOI: LTC03I Individual Long Term Care

Filing Description:
COF LTC Rate Increase Filing 2022

Company and Contact

Filing Contact Information

Eva Gaber, Consulting Actuary	EGaber@uhasinc.com
201 West Canton Avenue	407-622-4533 [Phone]
Suite 225	
Winter Park, FL 32789	

Filing Company Information

(This filing was made by a third party - unitedhealthactuarialservices)

Catholic Order of Foresters	CoCode: 57487	State of Domicile: Illinois
355 Shuman Blvd.	Group Code:	Company Type:
Naperville, IL 60566-7012	Group Name:	State ID Number:
(800) 552-0145 ext. [Phone]	FEIN Number: 36-0879870	

State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/		

Filing Fees

State Fees

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	Yes
Fee Explanation:	The state of domicile (Illinois) does not charge a filing fee for rate filings.

State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Sean Carmody	12/28/2022	12/28/2022

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Disapproved	Sean Carmody	11/17/2022	11/17/2022

Response Letters

Responded By	Created On	Date Submitted
Eva Gaber	12/13/2022	12/13/2022

SERFF Tracking #:	UHAS-133154716	State Tracking #:	UHAS-133154716	Company Tracking #:	
State:	Pennsylvania	Filing Company:	Catholic Order of Foresters		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	FCNH, FCLTC, FCLTC 2000				
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/				

Disposition

Disposition Date: 12/28/2022

Effective Date:

Status: Approved

Comment: Dec 28, 2022

Eva Gaber, Consulting Actuary
Catholic Order of Foresters
201 West Canton Avenue
Suite 225
Winter Park, FL 32789

RE: Proposed 16.67% increase on 8 policyholders of individual long term care forms FCNH, FCLTC, and FCLTC 2000. Pennsylvania Insurance Department ID #: UHAS-133154716

Dear Eva Gaber:

The Department approves a 16.67% increase on the forms listed above.

Sincerely,

Sean Carmody
Actuarial Associate
Bureau of Accident & Health Insurance

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Catholic Order of Foresters	16.670%	16.670%	\$3,150	8	\$18,895	16.670%	16.670%

State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Premium Rate Sheets		Yes
Supporting Document	Transmittal Letter (A&H)		Yes
Supporting Document	Actuarial Certification (A&H)		Yes
Supporting Document	Actuarial Memorandum and Explanatory Information (A&H)		Yes
Supporting Document	Advertisements (A&H)		Yes
Supporting Document	Authorization to File (A&H)		Yes
Supporting Document	Insert Page Explanation (A&H)		Yes
Supporting Document	Rate Table (A&H)		Yes
Supporting Document	Replacement Form with Highlighted Changes (A&H)		Yes
Supporting Document	Advertisement Compliance Certification		Yes
Supporting Document	Reserve Calculation (A&H)		Yes
Supporting Document	Variability Explanation (A&H)		Yes
Supporting Document	Sample Policyholder Notification Letter		Yes
Supporting Document	Response to 202211 Objection		Yes

State: Pennsylvania **Filing Company:** Catholic Order of Foresters
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: FCNH, FCLTC, FCLTC 2000
Project Name/Number: COF LTC Rate Increase Round 6 - Gens 1 and 2/

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 11/17/2022
Submitted Date 11/17/2022
Respond By Date

Dear Eva Gaber,

Introduction:

November 17, 2022

Eva Gaber, Consulting Actuary
United Health Actuarial Services
201 West Canton Avenue, Suite 225
Winter Park, FL 32789

RE:Proposed 16.67% increase on 8 policyholders of individual long term care forms FCNH, FCLTC, and FCLTC 2000.
Pennsylvania Insurance Department ID # UHAS-133154716

Dear Eva Gaber:

The captioned filing has been reviewed by the Pennsylvania Insurance Department. It has been determined that the filing fails to meet the requirements of our Insurance Company Laws or regulations and is therefore disapproved pursuant to the authority granted under Section 304(a) of Act 134, the Accident and Health Filing Reform Act. In the event you have any questions regarding the stated concerns, please feel free to contact the Department for further clarification.

The disapproved filing may be resubmitted within 120 days of the date of disapproval. If the Department does not hear from you within 120 days, the subject filing will be permanently closed. Such filings resubmitted after 120 days must be submitted as a new filing, inclusive of appropriate filing fees and disclosure of the closed filing SERFF tracking number.

Please furnish the following information to the Department.

1. Please provide an Excel spreadsheet that incorporates the three calendar-year non-interest adjusted column vectors of earned premium requested below:
 - (a) Provide the historical (from inception) and projected nationwide earned premium that will be collected at the original rate level. In terms of the 58%/85% Method, this would be the premium column vector that would be subject to a .58 factor. Please provide this – and all other data in this question - as a non-interest rate discounted column vector.
 - (b) Provide the historical (from the date of the first premium increase) and projected nationwide earned premium that will be collected at a “higher than original” rate level. In terms of the 58%/85% Method, this would be the premium column vector that would be subject to a .85 factor. This vector should not include premium generated from the current requested increase.
 - (c) Provide the projected nationwide calendar-year earned premium (from the effective date of the current proposed increase) that will be collected at a “higher than original” rate level due to the current proposed rate increase. Again, in terms of the 58%/85% Method, this would be subject to a .85 factor. Please ensure that the projected premium provided in this vector is not also included in the vector requested in Item (b) above.
 - (d) Provide a column vector of the historical (from inception) and projected nationwide incurred claims on a calendar year basis.
 - (e) Please ensure that the data provided is consistent with any post-rate stability loss ratio demonstrations in the actuarial memo.
 - (f) Please provide the interest rate (or calendar-year interest rate vector) used to determine the accumulated and present values found in the post-rate stability loss ratio demonstrations in the actuarial memo.

State: Pennsylvania **Filing Company:** Catholic Order of Foresters
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: FCNH, FCLTC, FCLTC 2000
Project Name/Number: COF LTC Rate Increase Round 6 - Gens 1 and 2/

2. The actuarial memo states the following: "The rate increase is needed in order to offset the higher-than-expected lifetime loss ratios caused by higher-than-expected policyholder persistency."

Please discuss further the adverse morbidity and persistency experience that resulted in the need for the current rate increase. In particular, discuss re-pricing assumptions that have changed from the last increase approved nationwide, discuss any changes due to internal experience studies, and discuss any changes due to updated consultant data.

3. Has Covid 19 been factored into your projections?

4. Please provide a seriatim listing of the affected policies in this block in Excel. Each record within the worksheet must contain the policy's unique identification number, form number, issue age, issue date, inflation status indicator, benefit period, current annual premium, and requested premium increase in each year of the proposed implementation period.

The Department has the following premium increase guidelines: (i) the annual increase on any policyholder should be limited to 30%, (ii) the staging period of the increase should be limited to no more than four years, and (iii) the aggregate increase (weighted upon the current premium column vector in the Excel seriatim policy listing) must be under 100%.

5. Please provide the percent of active policyholders remaining on a nationwide basis. How many policies were issued nationwide? How many policies remain in force nationwide?

6. Please provide your best estimate of the date when the first letter will be mailed informing policyholders of this premium increase.

7. Please provide the rate increase history by state on this series (include a column that shows the cumulative increase by state) in an Excel spreadsheet.

8. Have you included a margin for adverse experience in your projected claims? Is the margin uniform or does it vary in some way? Please explain.

9. Please provide the weighted average increase experienced by the PA policies in force in this block. Please consider the re-pricing of FCLTC in 2000 in the calculation.

10. Please provide a table in an Excel spreadsheet (perhaps similar to Exhibit D) which shows the historical and projected nationwide earned premium and incurred claims on a calendar year basis assuming no rate increase is granted. Please restate the historical and projected earned premium so that the business from inception appears to have been all been earned at the original rate level. The original rate level is the rate level that would have existed if no increase was ever granted on any policy nationwide.

You provided an Excel spreadsheet called "COF PA Proj Exhibit 2022". If Columns P and G of that spreadsheet provide the requested data then simply confirm this fact.

11. Please provide a copy of the contract language for policy forms FCNH, FCLTC, and FCLTC 2000 and all of the associated riders.

Sincerely,

Sean Carmody
Actuarial Associate
Bureau of Life, Accident and Health Insurance

Conclusion:

SERFF Tracking #: UHAS-133154716

State Tracking #: UHAS-133154716

Company Tracking #:

State: Pennsylvania

Filing Company: Catholic Order of Foresters

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: FCNH, FCLTC, FCLTC 2000

Project Name/Number: COF LTC Rate Increase Round 6 - Gens 1 and 2/

Sincerely,

Sean Carmody

State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/13/2022
Submitted Date	12/13/2022

Dear Sean Carmody,

Introduction:

Response 1

Comments:

Please see the attached response letter, exhibits, and forms.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to 202211 Objection
Comments:	
Attachment(s):	COF PA Gen 12 - Response to 202211 Obj.pdf COF PA Proj Exhibit 2022 wReq Info.xlsx FCNH-PA.pdf COF Gen 12 PA Inforce as of 12-2021.xlsx FCNFBR-PA.pdf FCLTC-PA.pdf FCIPR-PA.pdf FCHHIR-PA.pdf FCHHIR-PA 2000.pdf FCGPIP-PA 2000.pdf FCCIP-PA 2000.pdf FCSWP-PA 2000.pdf FCSSB-PA 2000.pdf FCSIP-PA 2000.pdf FCROP-PA 2000.pdf FCROB-PA 2000.pdf FCLTC-PA 2000.pdf

Conclusion:

SERFF Tracking #:	UHAS-133154716	State Tracking #:	UHAS-133154716	Company Tracking #:	
State:	Pennsylvania	Filing Company:	Catholic Order of Foresters		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	FCNH, FCLTC, FCLTC 2000				
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/				

Sincerely,
Eva Gaber

SERFF Tracking #:	UHAS-133154716	State Tracking #:	UHAS-133154716	Company Tracking #:	
State:	Pennsylvania	Filing Company:	Catholic Order of Foresters		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	FCNH, FCLTC, FCLTC 2000				
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/				

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	20.000%
Effective Date of Last Rate Revision:	01/01/2022
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	UHAS-132946160

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Catholic Order of Foresters	16.670%	16.670%	\$3,150	8	\$18,895	16.670%	16.670%

State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Premium Rate Sheets	FCNH, FCLTC, FCLTC 2000	Revised	Previous State Filing Number: UHAS-132946160 Percent Rate Change Request: 16.67	Rates FCNH PA-2022.pdf, Rates FCLTC PA-2022.pdf, Rates FCLTC 2000 PA-2022.pdf,

Catholic Order of Foresters
Nursing Home Only Policy - Form FCNH, \$10/Day Annual Premiums
Standard Rates - Before Spouse & Preferred Risk Discount

Issue Age	<u>730-Day Benefit Period</u> Elimination Period			<u>1095-Day Benefit Period</u> Elimination Period			<u>1825-Day Benefit Period</u> Elimination Period			<u>Lifetime Benefit Period</u> Elimination Period		
	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>
18-44	37.87	36.22	35.28	40.68	39.05	37.87	44.21	42.34	41.16	55.97	53.40	51.50
45-49	45.62	43.51	42.10	50.09	47.52	45.86	55.51	52.68	50.81	71.98	67.97	65.38
50	52.68	50.09	48.22	58.56	55.51	53.40	65.86	62.33	59.98	86.33	81.38	78.10
51	55.27	52.22	50.33	61.39	58.10	55.97	69.38	65.38	63.02	91.26	85.85	82.32
52	57.62	54.34	52.22	64.20	60.67	58.32	72.67	68.69	65.86	95.96	90.31	86.56
53	60.91	57.38	55.27	68.45	64.44	61.85	77.62	73.15	70.32	102.79	96.67	92.44
54	64.20	60.46	58.10	72.44	68.21	65.38	82.80	77.86	74.57	109.85	103.02	98.54
55	67.73	63.74	60.91	76.68	71.98	68.90	87.73	82.56	79.03	116.66	109.37	104.42
56	71.04	66.79	63.98	80.68	75.74	72.44	92.66	87.02	83.26	123.48	115.73	110.54
57	74.33	69.86	66.79	84.91	79.50	76.20	97.61	91.73	87.73	130.30	122.06	116.42
58	81.14	75.97	72.67	92.90	87.02	83.26	107.50	100.67	96.19	145.13	135.72	129.36
59	87.73	82.08	78.32	101.14	94.56	90.31	117.13	109.85	104.66	159.94	149.59	142.54
60	94.56	88.20	84.20	109.13	102.07	97.37	127.01	118.78	113.38	174.76	163.24	155.47
61	101.14	94.32	90.08	117.36	109.61	104.42	136.66	127.72	121.84	189.82	177.11	168.41
62	107.95	100.67	95.74	125.36	116.90	111.48	146.53	136.90	130.30	204.62	190.75	181.34
63	121.61	113.14	107.50	142.07	132.42	125.83	166.52	155.47	147.95	225.32	209.81	199.45
64	135.24	125.59	119.48	158.76	147.71	140.42	186.52	173.82	165.35	246.02	229.09	217.33
65	148.88	138.30	131.24	175.22	163.00	154.76	206.51	192.40	182.76	266.72	248.15	235.44
66	162.53	150.77	143.00	191.93	178.28	169.34	226.50	210.74	200.16	287.42	267.19	253.55
67	176.17	163.24	154.76	208.63	193.57	183.70	246.49	229.33	217.80	308.12	286.48	271.43
68	194.75	180.41	171.00	231.20	214.51	203.45	273.78	254.50	241.56	345.28	320.82	304.12
69	213.10	197.34	186.98	253.79	235.44	223.21	300.83	279.66	265.31	382.69	355.16	336.59
70	231.68	214.51	203.22	276.13	256.14	242.74	327.88	304.60	289.07	419.84	389.75	369.04
71	250.26	231.68	219.22	298.72	277.07	262.49	354.92	329.76	312.59	457.00	424.07	401.72
72	268.61	248.62	235.44	321.30	298.01	282.25	382.21	354.92	336.35	494.17	458.65	434.20
73	302.24	279.66	264.84	362.46	336.11	318.23	431.60	400.79	379.86	549.44	509.70	482.41
74	335.87	310.72	294.01	403.62	373.98	354.23	481.00	446.65	423.13	604.48	560.74	530.63
75	369.52	341.75	323.41	444.78	412.09	390.20	530.63	492.52	466.64	659.52	611.77	578.84
76	403.14	373.04	352.81	485.70	450.18	426.20	580.02	538.38	509.93	714.79	662.81	627.06
77	436.79	404.08	382.21	526.86	488.29	462.18	629.41	584.26	553.44	769.82	713.86	675.28
78	490.64	453.47	428.77	592.96	549.44	519.80	709.15	657.88	623.06	854.04	791.47	748.66
79	544.26	502.87	475.60	659.05	610.36	577.43	789.12	731.74	692.92	938.47	869.33	822.05
80	597.90	552.26	522.16	725.14	671.28	635.06	868.85	805.58	762.54	1,022.68	947.18	895.44
81	651.76	601.90	568.73	791.23	732.43	692.69	948.59	879.43	832.39	1,106.88	1,025.03	968.81
82	705.38	651.29	615.54	857.33	793.34	750.55	1,028.33	953.06	902.02	1,191.32	1,102.64	1,042.20
83	755.02	696.68	657.88	917.54	848.62	802.30	1,100.29	1,019.15	964.10	1,272.23	1,176.97	1,111.82
84	804.65	742.08	700.44	977.99	903.89	854.28	1,172.03	1,085.00	1,026.20	1,353.37	1,251.54	1,181.68
85+	1,051.85	965.28	907.90	1,270.12	1,168.74	1,100.77	1,514.03	1,396.43	1,317.16	1,743.12	1,605.98	1,512.61

Catholic Order of Foresters
Nursing Home Only Policy - Form FCNH, \$10/Day Annual Premiums
Standard Rates - Before Spouse & Preferred Risk Discount

Issue Age	<u>730-Day Benefit Period</u> Elimination Period			<u>1095-Day Benefit Period</u> Elimination Period			<u>1825-Day Benefit Period</u> Elimination Period			<u>Lifetime Benefit Period</u> Elimination Period		
	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>	<u>20-Day</u>	<u>60-Day</u>	<u>90-Day</u>
18-44	44.18	42.26	41.16	47.46	45.56	44.18	51.58	49.40	48.02	65.30	62.30	60.09
45-49	53.22	50.76	49.12	58.44	55.44	53.50	64.76	61.46	59.28	83.98	79.30	76.28
50	61.46	58.44	56.26	68.32	64.76	62.30	76.84	72.72	69.98	100.72	94.95	91.12
51	64.48	60.93	58.72	71.62	67.79	65.30	80.95	76.28	73.53	106.47	100.16	96.04
52	67.23	63.40	60.93	74.90	70.78	68.04	84.78	80.14	76.84	111.96	105.36	100.99
53	71.06	66.95	64.48	79.86	75.18	72.16	90.56	85.34	82.04	119.93	112.78	107.85
54	74.90	70.54	67.79	84.52	79.58	76.28	96.60	90.84	87.00	128.16	120.19	114.97
55	79.02	74.37	71.06	89.46	83.98	80.39	102.35	96.32	92.20	136.11	127.60	121.83
56	82.88	77.92	74.65	94.13	88.37	84.52	108.11	101.53	97.14	144.06	135.02	128.97
57	86.72	81.51	77.92	99.06	92.75	88.90	113.88	107.02	102.35	152.02	142.41	135.83
58	94.67	88.63	84.78	108.39	101.53	97.14	125.42	117.45	112.22	169.32	158.34	150.92
59	102.35	95.76	91.38	118.00	110.32	105.36	136.66	128.16	122.11	186.60	174.53	166.30
60	110.32	102.90	98.24	127.32	119.09	113.60	148.18	138.58	132.28	203.89	190.45	181.39
61	118.00	110.04	105.10	136.92	127.88	121.83	159.44	149.01	142.15	221.46	206.63	196.48
62	125.95	117.45	111.70	146.26	136.39	130.06	170.96	159.72	152.02	238.73	222.55	211.57
63	141.88	132.00	125.42	165.75	154.49	146.81	194.28	181.39	172.61	262.88	244.79	232.70
64	157.78	146.53	139.40	185.23	172.33	163.83	217.61	202.80	192.91	287.03	267.28	253.56
65	173.70	161.35	153.12	204.43	190.17	180.56	240.94	224.47	213.23	311.18	289.52	274.69
66	189.62	175.90	166.84	223.92	208.00	197.57	264.26	245.87	233.53	335.33	311.73	295.82
67	205.54	190.45	180.56	243.41	225.84	214.32	287.58	267.56	254.11	359.48	334.24	316.68
68	227.21	210.48	199.51	269.74	250.27	237.37	319.42	296.93	281.83	402.84	374.30	354.82
69	248.62	230.24	218.15	296.10	274.69	260.42	350.98	326.28	309.54	446.48	414.37	392.70
70	270.30	250.27	237.10	322.16	298.84	283.20	382.54	355.38	337.26	489.83	454.72	430.56
71	291.98	270.30	255.76	348.52	323.26	306.25	414.09	384.73	364.70	533.18	494.76	468.69
72	313.39	290.06	274.69	374.86	347.69	329.30	445.92	414.09	392.42	576.55	535.11	506.58
73	352.62	326.28	308.99	422.88	392.14	371.28	503.55	467.60	443.18	641.03	594.67	562.83
74	391.86	362.52	343.02	470.90	436.32	413.28	561.18	521.11	493.67	705.25	654.22	619.09
75	431.12	398.72	377.32	518.92	480.79	455.25	619.09	574.62	544.43	769.46	713.75	675.33
76	470.34	435.23	411.62	566.67	525.23	497.25	676.71	628.13	594.94	833.95	773.30	731.59
77	509.60	471.44	445.92	614.69	569.69	539.23	734.33	681.66	645.70	898.15	832.86	787.85
78	572.43	529.06	500.25	691.81	641.03	606.45	827.37	767.55	726.92	996.41	923.41	873.46
79	634.99	586.70	554.88	768.91	712.11	673.69	920.67	853.72	808.43	1,094.91	1,014.25	959.09
80	697.57	644.32	609.20	846.02	783.18	740.92	1,013.69	939.87	889.66	1,193.16	1,105.07	1,044.71
81	760.41	702.24	663.54	923.13	854.53	808.16	1,106.72	1,026.03	971.15	1,291.40	1,195.90	1,130.31
82	822.97	759.86	718.15	1,000.25	925.59	875.67	1,199.75	1,111.94	1,052.39	1,389.91	1,286.45	1,215.93
83	880.88	812.82	767.55	1,070.49	990.08	936.04	1,283.71	1,189.04	1,124.82	1,484.31	1,373.17	1,297.16
84	938.79	865.78	817.20	1,141.02	1,054.57	996.69	1,367.41	1,265.87	1,197.27	1,578.98	1,460.17	1,378.67
85+	1,227.19	1,126.19	1,059.25	1,481.85	1,363.57	1,284.27	1,766.42	1,629.21	1,536.73	2,033.70	1,873.70	1,764.76

Catholic Order of Foresters
Optional Rider Factors

Issue Age	Rider FCIPR Inflation Protection	Rider FCNFBR Non-Forfeiture Benefit
18-44	2.49	1.25
45-49	2.44	1.20
50	2.38	1.15
51	2.35	1.14
52	2.33	1.14
53	2.30	1.14
54	2.28	1.14
55	2.25	1.14
56	2.23	1.14
57	2.20	1.14
58	2.17	1.14
59	2.13	1.14
60	2.10	1.14
61	2.06	1.14
62	2.03	1.13
63	2.00	1.13
64	1.97	1.13
65	1.94	1.13
66	1.91	1.12
67	1.88	1.12
68	1.85	1.12
69	1.81	1.12
70	1.77	1.11
71	1.73	1.11
72	1.69	1.11
73	1.66	1.10
74	1.63	1.10
75	1.60	1.09
76	1.58	1.09
77	1.55	1.08
78	1.52	1.08
79	1.50	1.07
80	1.47	1.07
81	1.45	1.07
82	1.42	1.06
83	1.41	1.06
84	1.39	1.06
85+	1.33	1.06

Premium Calculation Example:

Annual Base Premium
x

Inflation Protection Factor
(if chosen by Insured)
x

Non-Forfeiture Benefit Factor
(if chosen by Insured)
=

Total Gross Premium

Spouse Discount
10%

Preferred Risk Discount
10%

Modal Factors
Semi-Annual: 0.52
Quarterly: 0.265
Monthly PAC: 0.0875

Catholic Order of Foresters
Base Plan (Form FCLTC-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
No Benefit Increase Option
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	25.87	29.29	33.86	42.92
45-49	56.09	65.11	77.18	100.42
50	64.09	75.01	89.58	117.36
51	66.25	77.74	93.00	122.17
52	68.44	80.45	96.43	126.92
53	70.60	83.16	99.88	131.72
54	72.78	85.86	103.33	136.51
55	74.93	88.60	106.76	141.32
56	80.32	95.26	115.06	152.75
57	85.74	101.95	123.37	164.17
58	91.13	108.59	131.70	175.58
59	96.53	115.26	139.98	187.01
60	101.93	121.94	148.30	198.43
61	111.47	133.85	163.27	219.22
62	121.02	145.80	178.25	239.94
63	130.55	157.69	193.22	260.72
64	140.10	169.60	208.18	281.46
65	149.68	181.55	223.18	302.24
66	165.73	201.49	248.15	332.22
67	181.84	221.48	273.10	362.20
68	197.93	241.45	298.09	392.18
69	214.02	261.44	323.04	422.11
70	230.11	281.42	348.01	452.09
71	261.80	320.83	397.34	506.84
72	293.52	360.26	446.64	561.58
73	325.20	399.70	495.95	616.32
74	356.93	439.10	545.24	671.06
75	388.66	478.54	594.59	725.81
76	419.28	516.36	641.51	783.22
77	449.98	554.16	688.43	840.60
78	480.66	592.00	735.35	897.98
79	511.33	629.80	782.26	955.37
80	542.02	667.63	829.19	1012.76
81	584.59	720.46	895.12	1093.61
82	627.16	773.27	961.07	1174.51
83	669.72	826.14	1027.04	1255.39
84	712.28	878.94	1093.01	1336.24
85+	868.07	1071.52	1332.79	1629.72

Catholic Order of Foresters
Home Health Care Increase Rider (Form FCHHIR-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
No Benefit Increase Option
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	4.10	4.81	5.99	7.28
45-49	10.57	12.37	15.48	19.26
50	12.50	14.70	18.34	22.96
51	12.91	15.13	18.90	23.66
52	13.26	15.54	19.42	24.35
53	13.62	15.98	19.97	25.04
54	13.97	16.44	20.48	25.73
55	14.35	16.82	21.02	26.44
56	15.18	17.80	22.24	27.96
57	16.02	18.79	23.44	29.48
58	16.82	19.75	24.67	31.02
59	17.66	20.72	25.87	32.57
60	18.49	21.67	27.06	34.09
61	19.67	23.04	28.79	36.22
62	20.84	24.43	30.47	38.36
63	22.08	25.76	32.15	40.49
64	23.26	27.13	33.85	42.66
65	24.43	28.48	35.53	44.78
66	26.10	30.38	37.90	49.28
67	27.74	32.32	40.31	53.77
68	29.40	34.21	42.67	58.30
69	31.07	36.12	45.04	62.81
70	32.74	38.03	47.40	67.28
71	39.83	46.48	57.98	77.28
72	46.90	54.95	68.57	87.29
73	53.95	63.41	79.16	97.28
74	61.04	71.88	89.75	107.34
75	68.11	80.34	100.33	117.34
76	71.77	84.66	105.73	123.60
77	75.47	88.99	111.12	129.86
78	79.12	93.28	116.52	136.16
79	82.78	97.61	121.92	142.44
80	86.44	101.93	127.27	148.74
81	92.44	108.98	136.09	159.00
82	98.44	116.04	144.92	169.32
83	104.45	123.12	153.72	179.58
84	110.45	130.18	162.54	189.90
85+	133.93	157.81	197.09	230.18

Catholic Order of Foresters
5% Automatic Compound Index Benefit Rider (Form FCIPR-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	26.36	31.18	37.20	49.07
45-49	51.72	62.83	77.00	104.42
50	57.28	70.20	86.66	118.52
51	57.85	71.06	87.98	120.68
52	58.31	71.88	89.16	122.63
53	58.69	72.55	90.20	124.33
54	58.99	73.12	91.06	125.84
55	59.20	73.54	91.82	127.16
56	62.00	77.17	96.43	133.81
57	64.66	80.54	100.67	139.86
58	67.04	83.62	104.56	145.38
59	69.29	86.44	108.08	150.38
60	71.35	89.02	111.23	154.79
61	76.22	95.29	119.51	167.92
62	80.82	101.15	127.26	180.43
63	85.13	106.58	134.50	192.42
64	89.12	111.61	141.14	203.78
65	92.80	116.18	147.28	214.61
66	98.45	123.32	156.31	223.22
67	103.27	129.35	163.86	229.64
68	107.27	134.27	169.91	233.71
69	110.44	138.05	174.44	235.55
70	112.76	140.74	177.48	235.09
71	123.05	153.36	193.91	251.40
72	132.08	164.29	208.14	265.06
73	139.85	173.46	220.19	276.12
74	146.33	180.91	230.11	284.52
75	151.57	186.64	237.83	290.33
76	154.20	189.90	242.24	295.74
77	155.47	191.47	244.51	298.57
78	155.38	191.38	244.72	298.85
79	153.95	189.59	242.82	296.56
80	151.12	186.14	238.82	291.67
81	148.76	183.36	235.90	288.22
82	144.38	178.02	229.76	280.75
83	137.92	170.09	220.39	269.40
84	129.36	159.62	207.79	254.04
85+	106.43	131.36	174.16	212.96

Catholic Order of Foresters
5% Automatic Compound Index Benefit Rider (Form FCIPR-PA)
Home Health Care Increase Rider (Form FCHHIR-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	34.67	40.34	48.91	63.50
45-49	71.99	85.52	105.88	141.14
50	80.95	96.76	120.46	161.72
51	81.96	98.10	122.39	164.66
52	82.82	99.36	124.15	167.35
53	83.62	100.44	125.72	169.82
54	84.31	101.40	127.13	172.03
55	84.90	102.23	128.39	174.02
56	88.91	107.36	134.81	182.62
57	92.71	112.21	140.90	190.60
58	96.32	116.77	146.62	197.94
59	99.70	121.04	151.93	204.66
60	102.80	125.09	156.85	210.78
61	109.38	133.49	167.44	223.20
62	115.64	141.48	177.38	234.30
63	121.56	149.04	186.76	244.13
64	127.13	156.18	195.54	252.70
65	132.34	162.90	203.69	259.92
66	140.03	172.31	215.83	281.23
67	146.78	180.52	226.48	301.68
68	152.63	187.48	235.55	321.32
69	157.56	193.24	243.07	340.14
70	161.56	197.77	249.08	358.13
71	181.58	222.07	280.22	385.73
72	200.06	244.30	308.70	409.15
73	217.01	264.41	334.55	428.42
74	232.40	282.41	357.74	443.59
75	246.24	298.32	378.32	454.55
76	252.37	305.69	387.86	466.03
77	256.98	311.20	395.14	474.61
78	260.05	314.83	400.01	480.31
79	261.64	316.60	402.55	483.20
80	261.65	316.46	402.78	483.24
81	264.74	320.08	407.86	489.12
82	265.46	320.80	409.34	490.55
83	263.87	318.55	407.14	487.49
84	259.87	313.42	401.27	480.01
85+	256.74	308.51	397.00	473.21

Catholic Order of Foresters
Base Plan (Form FCLTC-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
No Benefit Increase Option
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	30.18	34.17	39.50	50.07
45-49	65.44	75.96	90.05	117.16
50	74.77	87.51	104.51	136.92
51	77.29	90.70	108.50	142.54
52	79.85	93.86	112.50	148.08
53	82.37	97.02	116.53	153.68
54	84.91	100.17	120.56	159.27
55	87.42	103.37	124.56	164.88
56	93.71	111.14	134.24	178.21
57	100.03	118.95	143.94	191.54
58	106.32	126.69	153.65	204.85
59	112.62	134.47	163.31	218.18
60	118.92	142.27	173.02	231.51
61	130.05	156.16	190.49	255.76
62	141.19	170.10	207.96	279.94
63	152.31	183.98	225.43	304.18
64	163.45	197.87	242.88	328.38
65	174.63	211.81	260.38	352.62
66	193.36	235.08	289.52	387.60
67	212.15	258.40	318.63	422.58
68	230.92	281.70	347.78	457.56
69	249.70	305.02	376.89	492.48
70	268.47	328.33	406.02	527.45
71	305.44	374.31	463.58	591.33
72	342.45	420.32	521.09	655.20
73	379.41	466.33	578.62	719.06
74	416.43	512.30	636.13	782.93
75	453.45	558.31	693.71	846.80
76	489.17	602.44	748.45	913.78
77	524.99	646.54	803.19	980.73
78	560.79	690.69	857.93	1047.67
79	596.57	734.79	912.66	1114.63
80	632.37	778.92	967.42	1181.59
81	682.04	840.56	1044.34	1275.91
82	731.71	902.17	1121.28	1370.30
83	781.36	963.86	1198.25	1464.66
84	831.02	1025.46	1275.21	1558.99
85+	1012.78	1250.14	1554.97	1901.39

Catholic Order of Foresters
Home Health Care Increase Rider (Form FCHHIR-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
No Benefit Increase Option
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	4.78	5.61	6.99	8.49
45-49	12.33	14.43	18.06	22.47
50	14.58	17.15	21.40	26.79
51	15.06	17.65	22.05	27.60
52	15.47	18.13	22.66	28.41
53	15.89	18.64	23.30	29.21
54	16.30	19.18	23.89	30.02
55	16.74	19.62	24.52	30.85
56	17.71	20.77	25.95	32.62
57	18.69	21.92	27.35	34.39
58	19.62	23.04	28.78	36.19
59	20.60	24.17	30.18	38.00
60	21.57	25.28	31.57	39.77
61	22.95	26.88	33.59	42.26
62	24.31	28.50	35.55	44.75
63	25.76	30.05	37.51	47.24
64	27.14	31.65	39.49	49.77
65	28.50	33.23	41.45	52.24
66	30.45	35.44	44.22	57.49
67	32.36	37.71	47.03	62.73
68	34.30	39.91	49.78	68.02
69	36.25	42.14	52.55	73.28
70	38.20	44.37	55.30	78.50
71	46.47	54.23	67.65	90.16
72	54.72	64.11	80.00	101.84
73	62.94	73.98	92.36	113.50
74	71.22	83.86	104.71	125.23
75	79.46	93.73	117.06	136.90
76	83.73	98.77	123.36	144.20
77	88.05	103.82	129.64	151.51
78	92.31	108.83	135.94	158.86
79	96.58	113.88	142.24	166.18
80	100.85	118.92	148.49	173.53
81	107.85	127.15	158.78	185.51
82	114.85	135.38	169.08	197.55
83	121.86	143.64	179.35	209.52
84	128.86	151.88	189.64	221.56
85+	156.26	184.12	229.94	268.55

Catholic Order of Foresters
5% Automatic Compound Index Benefit Rider (Form FCIPR-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	30.75	36.38	43.40	57.25
45-49	60.34	73.30	89.84	121.83
50	66.83	81.90	101.11	138.28
51	67.49	82.91	102.65	140.80
52	68.03	83.86	104.02	143.07
53	68.47	84.64	105.24	145.06
54	68.82	85.31	106.24	146.82
55	69.07	85.80	107.13	148.36
56	72.34	90.03	112.50	156.12
57	75.44	93.97	117.45	163.17
58	78.22	97.56	121.99	169.61
59	80.84	100.85	126.10	175.45
60	83.24	103.86	129.77	180.59
61	88.93	111.17	139.43	195.91
62	94.29	118.01	148.47	210.51
63	99.32	124.35	156.92	224.50
64	103.98	130.22	164.67	237.75
65	108.27	135.55	171.83	250.39
66	114.86	143.88	182.37	260.43
67	120.49	150.91	191.18	267.92
68	125.15	156.65	198.23	272.67
69	128.85	161.06	203.52	274.82
70	131.56	164.20	207.07	274.28
71	143.56	178.93	226.23	293.31
72	154.10	191.68	242.84	309.25
73	163.16	202.38	256.90	322.15
74	170.72	211.07	268.47	331.95
75	176.84	217.75	277.48	338.73
76	179.91	221.56	282.62	345.04
77	181.39	223.39	285.27	348.34
78	181.28	223.28	285.51	348.67
79	179.61	221.19	283.30	346.00
80	176.31	217.17	278.63	340.29
81	173.56	213.93	275.22	336.27
82	168.45	207.70	268.06	327.55
83	160.91	198.44	257.13	314.31
84	150.92	186.23	242.43	296.39
85+	124.17	153.26	203.19	248.46

Catholic Order of Foresters
5% Automatic Compound Index Benefit Rider (Form FCIPR-PA)
Home Health Care Increase Rider (Form FCHHIR-PA)
Rates per \$10 Daily Benefit Amount
90 Day Elimination Period
Lifetime Payment Mode

Age	2 year	3 year	5 year	Lifetime
18-44	40.45	47.06	57.06	74.09
45-49	83.99	99.78	123.53	164.67
50	94.44	112.89	140.54	188.68
51	95.62	114.45	142.79	192.11
52	96.63	115.92	144.85	195.25
53	97.56	117.18	146.68	198.13
54	98.36	118.30	148.32	200.71
55	99.05	119.27	149.79	203.03
56	103.73	125.26	157.28	213.06
57	108.16	130.92	164.39	222.37
58	112.38	136.24	171.06	230.94
59	116.32	141.22	177.26	238.78
60	119.94	145.94	183.00	245.92
61	127.61	155.74	195.35	260.41
62	134.92	165.06	206.95	273.36
63	141.82	173.88	217.89	284.83
64	148.32	182.22	228.14	294.83
65	154.40	190.06	237.65	303.25
66	163.37	201.03	251.81	328.11
67	171.25	210.61	264.23	351.97
68	178.07	218.73	274.82	374.88
69	183.83	225.45	283.59	396.84
70	188.49	230.74	290.60	417.83
71	211.85	259.09	326.93	450.03
72	233.41	285.02	360.16	477.36
73	253.19	308.49	390.32	499.84
74	271.14	329.49	417.38	517.54
75	287.29	348.05	441.39	530.32
76	294.44	356.65	452.52	543.72
77	299.82	363.08	461.01	553.73
78	303.40	367.31	466.69	560.38
79	305.26	369.38	469.66	563.75
80	305.27	369.21	469.92	563.80
81	308.87	373.44	475.85	570.66
82	309.71	374.28	477.58	572.32
83	307.86	371.65	475.01	568.75
84	303.19	365.67	468.16	560.03
85+	299.54	359.94	463.18	552.09

Catholic Order of Foresters
Premium Adjustment Factors
Attributable to Increasing Elimination Periods

Days in Elimination Period		
20	60	90
1.15	1.07	1.00

Catholic Order of Foresters
Nonforfeiture Benefit Rider (FCNFBR-PA)
Factors to Apply to Total Premium
(Premium for Base Policy and Any Other Riders)

Issue Age	Factor
18-44	25%
45-49	19%
50-55	17%
56-60	16%
61-65	15%
66-70	14%
71-75	13%
76-80	12%
>=81	11%

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan: 50% Home Care
No Benefit Increase Option

Age	2 year	3 year	5 year	Lifetime
18-44	35.77	41.41	49.00	65.00
45-49	51.13	59.16	69.97	92.82
50	64.79	76.06	91.06	122.98
51	67.48	79.38	95.26	129.00
52	70.18	82.72	99.46	135.00
53	72.89	86.09	103.64	141.04
54	75.53	89.41	107.84	147.08
55	78.22	92.77	112.04	153.11
56	83.24	98.99	119.82	164.28
57	88.24	105.23	127.60	175.45
58	93.25	111.40	135.38	186.62
59	98.28	117.64	143.16	197.80
60	103.27	123.85	150.97	208.97
61	112.99	135.97	166.18	230.94
62	122.70	148.08	181.43	252.88
63	132.40	160.21	196.63	274.87
64	142.10	172.32	211.88	296.86
65	151.82	184.44	227.09	318.82
66	169.97	207.10	255.52	351.24
67	188.15	229.72	283.92	383.64
68	206.28	252.37	312.32	416.05
69	224.42	274.99	340.72	448.43
70	242.60	297.65	369.13	480.85
71	275.78	338.95	420.86	534.48
72	308.95	380.29	472.61	588.04
73	342.13	421.60	524.32	641.64
74	375.30	462.91	576.06	695.23
75	408.48	504.19	627.78	748.81
76	439.27	542.30	675.16	805.44
77	470.09	580.39	722.53	862.04
78	500.89	618.49	769.91	918.71
79	531.71	656.58	817.26	975.30
80	562.51	694.68	864.64	1031.94
81	604.25	746.56	929.52	1109.68
82	645.98	798.43	994.37	1187.40
83	687.71	850.30	1059.24	1265.16
84	729.41	902.17	1124.09	1342.90
85+	771.14	954.08	1188.97	1420.63

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan Plus Home Health Care Rider (FCHHIR 2000)
No Benefit Increase Option

Age	2 year	3 year	5 year	Lifetime
18-44	42.48	49.30	58.80	81.62
45-49	60.67	70.43	84.00	116.58
50	77.71	91.24	110.04	155.21
51	80.88	95.12	114.90	162.49
52	84.00	99.01	119.76	169.74
53	87.18	102.90	124.64	177.02
54	90.34	106.78	129.50	184.30
55	93.49	110.66	134.39	191.59
56	99.26	117.76	143.26	204.85
57	105.01	124.86	152.15	218.08
58	110.80	131.95	161.02	231.35
59	116.57	139.02	169.91	244.60
60	122.32	146.15	178.78	257.82
61	133.22	159.62	195.71	283.28
62	144.14	173.12	212.64	308.71
63	155.02	186.62	229.60	334.15
64	165.94	200.12	246.53	359.60
65	176.84	213.60	263.46	385.04
66	197.00	238.60	294.79	421.84
67	217.20	263.57	326.10	458.64
68	237.36	288.52	357.42	495.43
69	257.56	313.51	388.70	532.24
70	277.74	338.47	420.04	569.00
71	318.38	388.76	482.95	629.40
72	359.04	439.01	545.88	689.76
73	399.71	489.24	608.82	750.17
74	440.34	539.53	671.74	810.54
75	481.01	589.78	734.65	870.94
76	515.50	632.22	787.44	933.68
77	550.02	674.60	840.19	996.49
78	584.48	717.05	893.00	1059.28
79	618.98	759.47	945.78	1122.07
80	653.48	801.90	998.57	1184.86
81	701.08	860.71	1072.09	1272.47
82	748.70	919.52	1145.62	1360.07
83	796.32	978.35	1219.12	1447.68
84	843.95	1037.15	1292.65	1535.28
85+	891.54	1095.96	1366.19	1622.90

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan: 50% Home Care
5% Compound Inflation Protection Rider (FCCIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	63.40	76.08	92.56	125.50
45-49	90.55	108.67	132.22	179.32
50	109.76	132.70	162.32	221.33
51	113.98	137.96	168.98	230.64
52	118.18	143.24	175.60	239.94
53	122.39	148.54	182.20	249.24
54	126.56	153.80	188.86	258.58
55	130.78	159.08	195.47	267.89
56	137.51	167.50	206.08	282.72
57	144.29	175.97	216.66	297.55
58	151.01	184.42	227.29	312.43
59	157.74	192.89	237.88	327.28
60	164.51	201.34	248.48	342.11
61	178.03	218.30	269.87	372.13
62	191.56	235.32	291.23	402.19
63	205.08	252.29	312.59	432.20
64	218.60	269.32	333.98	462.26
65	232.13	286.28	355.36	492.29
66	254.03	313.78	389.87	528.52
67	275.92	341.30	424.44	564.72
68	297.79	368.80	458.98	600.94
69	319.68	396.32	493.50	637.14
70	341.60	423.82	528.04	673.37
71	376.90	468.14	583.58	732.24
72	412.19	512.42	639.16	791.14
73	447.47	556.74	694.68	850.04
74	482.76	601.06	750.23	908.96
75	518.04	645.37	805.81	967.86
76	542.38	675.55	843.24	1012.80
77	566.71	705.73	880.74	1057.74
78	591.04	735.95	918.16	1102.73
79	615.38	766.10	955.64	1147.67
80	639.68	796.32	993.13	1192.61
81	672.92	837.84	1045.02	1255.16
82	706.18	879.42	1096.92	1317.66
83	739.40	920.95	1148.84	1380.22
84	772.66	962.50	1200.74	1442.74
85+	805.91	1004.06	1252.67	1505.29

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan Plus Home Health Care Rider (FCHHIR 2000)
5% Compound Inflation Protection Rider (FCCIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	82.78	98.80	120.94	174.37
45-49	118.22	141.14	172.78	249.08
50	144.55	173.48	213.25	309.43
51	149.81	179.96	221.44	321.66
52	155.09	186.50	229.56	333.90
53	160.31	192.98	237.71	346.12
54	165.59	199.49	245.88	358.36
55	170.84	206.00	254.03	370.60
56	179.11	216.24	266.84	389.77
57	187.38	226.48	279.66	408.94
58	195.70	236.65	292.46	428.16
59	203.95	246.89	305.28	447.32
60	212.26	257.11	318.11	466.52
61	228.38	277.10	343.20	504.26
62	244.51	297.11	368.34	542.04
63	260.63	317.14	393.41	579.78
64	276.76	337.13	418.56	617.56
65	292.92	357.12	443.69	655.31
66	318.95	389.36	484.13	700.13
67	344.94	421.61	524.54	744.94
68	371.02	453.85	565.00	789.79
69	397.01	486.10	605.44	834.59
70	423.04	518.36	645.90	879.42
71	474.52	582.04	725.70	951.73
72	525.95	645.73	805.49	1024.06
73	577.42	709.40	885.29	1096.33
74	628.86	773.09	965.08	1168.66
75	680.34	836.76	1044.88	1240.97
76	709.84	873.01	1089.91	1294.55
77	739.30	909.26	1134.90	1348.10
78	768.79	945.53	1179.95	1401.68
79	798.28	981.77	1224.98	1455.24
80	827.77	1018.01	1270.02	1508.82
81	870.02	1070.20	1335.23	1586.47
82	912.28	1122.38	1400.40	1664.11
83	954.59	1174.54	1465.58	1741.79
84	996.84	1226.75	1530.76	1819.44
85+	1039.13	1278.92	1595.98	1897.09

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan: 50% Home Care
5% Simple Inflation Protection Rider (FCSIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	46.69	55.27	66.44	87.88
45-49	66.68	78.95	94.92	125.58
50	83.64	100.12	121.39	162.40
51	87.46	104.90	127.40	170.77
52	91.26	109.69	133.39	179.20
53	95.04	114.47	139.44	187.60
54	98.87	119.26	145.44	196.01
55	102.66	124.04	151.44	204.40
56	109.15	132.14	161.60	218.63
57	115.64	140.28	171.80	232.87
58	122.11	148.40	182.02	247.10
59	128.62	156.53	192.18	261.35
60	135.11	164.64	202.38	275.58
61	147.70	180.43	222.25	303.44
62	160.27	196.26	242.15	331.32
63	172.85	212.08	262.02	359.26
64	185.42	227.90	281.92	387.11
65	198.01	243.70	301.79	414.98
66	219.47	270.68	335.68	451.62
67	240.97	297.65	369.60	488.29
68	262.45	324.67	403.46	524.96
69	283.93	351.64	437.34	561.59
70	305.42	378.60	471.24	598.26
71	340.07	422.10	525.77	657.29
72	374.68	465.60	580.27	716.30
73	409.34	509.06	634.79	775.34
74	443.95	552.54	689.29	834.37
75	478.62	596.03	743.83	893.35
76	505.69	629.66	785.60	943.52
77	532.75	663.31	827.42	993.72
78	559.87	696.95	869.20	1043.84
79	586.94	730.64	910.99	1094.03
80	614.03	764.27	952.81	1144.19
81	649.20	808.20	1007.75	1210.38
82	684.37	852.18	1062.70	1276.57
83	719.58	896.15	1117.67	1342.78
84	754.75	940.13	1172.62	1408.97
85+	789.94	984.08	1227.55	1475.14

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan Plus Home Health Care Rider (FCHHIR 2000)
5% Simple Inflation Protection Rider (FCSIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	62.93	74.41	90.31	128.52
45-49	89.94	106.27	129.01	183.60
50	113.88	135.70	165.79	238.38
51	118.76	141.71	173.33	249.67
52	123.62	147.71	180.88	260.98
53	128.52	153.72	188.40	272.27
54	133.38	159.72	195.95	283.58
55	138.26	165.73	203.48	294.86
56	146.32	175.70	215.95	313.51
57	154.39	185.62	228.41	332.14
58	162.43	195.58	240.86	350.80
59	170.51	205.49	253.32	369.42
60	178.56	215.45	265.79	388.07
61	193.70	234.23	289.33	423.47
62	208.86	252.98	312.92	458.89
63	224.00	271.76	336.48	494.28
64	239.12	290.51	360.06	529.70
65	254.28	309.30	383.63	565.12
66	279.91	341.05	423.46	610.60
67	305.53	372.80	463.26	656.09
68	331.16	404.54	503.08	701.53
69	356.78	436.30	542.88	747.04
70	382.44	468.05	582.71	792.50
71	432.78	530.36	660.78	865.06
72	483.12	592.63	738.82	937.62
73	533.47	654.95	816.86	1010.12
74	583.81	717.26	894.95	1082.69
75	634.20	779.57	973.01	1155.23
76	666.91	819.84	1023.06	1214.83
77	699.64	860.11	1073.15	1274.39
78	732.35	900.35	1123.25	1333.99
79	765.11	940.61	1173.34	1393.58
80	797.83	980.89	1223.41	1453.14
81	842.36	1035.85	1292.10	1534.98
82	886.84	1090.80	1360.76	1616.81
83	931.39	1145.80	1429.46	1698.67
84	975.86	1200.74	1498.15	1780.50
85+	1020.41	1255.74	1566.83	1862.33

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan: 50% Home Care
No Benefit Increase Option

Age	2 year	3 year	5 year	Lifetime
18-44	41.73	48.31	57.17	75.84
45-49	59.65	69.02	81.63	108.29
50	75.59	88.74	106.24	143.48
51	78.73	92.61	111.14	150.50
52	81.88	96.51	116.04	157.50
53	85.04	100.44	120.92	164.55
54	88.12	104.31	125.82	171.60
55	91.26	108.23	130.72	178.63
56	97.12	115.49	139.79	191.67
57	102.95	122.77	148.87	204.70
58	108.79	129.97	157.95	217.73
59	114.66	137.25	167.02	230.77
60	120.49	144.50	176.14	243.81
61	131.83	158.64	193.88	269.44
62	143.15	172.76	211.67	295.04
63	154.47	186.92	229.41	320.69
64	165.79	201.05	247.20	346.35
65	177.13	215.19	264.95	371.97
66	198.30	241.62	298.12	409.79
67	219.51	268.01	331.25	447.59
68	240.67	294.44	364.38	485.41
69	261.83	320.83	397.52	523.18
70	283.04	347.27	430.66	561.01
71	321.75	395.45	491.02	623.58
72	360.45	443.68	551.39	686.07
73	399.16	491.88	611.72	748.60
74	437.86	540.08	672.09	811.12
75	476.57	588.24	732.43	873.64
76	512.50	632.70	787.71	939.71
77	548.45	677.14	842.98	1005.74
78	584.39	721.59	898.25	1071.86
79	620.35	766.03	953.50	1137.88
80	656.28	810.48	1008.78	1203.96
81	704.98	871.01	1084.47	1294.66
82	753.66	931.53	1160.13	1385.34
83	802.35	992.05	1235.82	1476.06
84	851.00	1052.56	1311.48	1566.76
85+	899.69	1113.13	1387.17	1657.45

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan Plus Home Health Care Rider (FCHHIR 2000)
No Benefit Increase Option

Age	2 year	3 year	5 year	Lifetime
18-44	49.56	57.52	68.60	95.23
45-49	70.78	82.17	98.00	136.01
50	90.66	106.45	128.38	181.08
51	94.36	110.98	134.05	189.58
52	98.00	115.51	139.72	198.04
53	101.71	120.05	145.42	206.53
54	105.40	124.58	151.09	215.02
55	109.07	129.11	156.79	223.53
56	115.81	137.39	167.14	239.00
57	122.52	145.67	177.51	254.43
58	129.27	153.95	187.86	269.92
59	136.00	162.19	198.23	285.37
60	142.71	170.51	208.58	300.80
61	155.43	186.23	228.33	330.50
62	168.17	201.98	248.09	360.17
63	180.86	217.73	267.87	389.85
64	193.60	233.48	287.63	419.55
65	206.32	249.21	307.38	449.23
66	229.84	278.37	343.93	492.16
67	253.41	307.51	380.46	535.10
68	276.93	336.62	417.00	578.02
69	300.50	365.77	453.50	620.96
70	324.04	394.89	490.06	663.85
71	371.45	453.57	563.46	734.32
72	418.89	512.19	636.88	804.74
73	466.34	570.80	710.31	875.22
74	513.74	629.47	783.72	945.66
75	561.19	688.10	857.12	1016.13
76	601.43	737.61	918.71	1089.32
77	641.71	787.06	980.25	1162.60
78	681.91	836.58	1041.86	1235.86
79	722.16	886.07	1103.44	1309.12
80	762.42	935.58	1165.03	1382.38
81	817.95	1004.19	1250.81	1484.59
82	873.51	1072.80	1336.59	1586.79
83	929.07	1141.44	1422.35	1689.01
84	984.64	1210.04	1508.13	1791.21
85+	1040.16	1278.66	1593.93	1893.44

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan: 50% Home Care
5% Compound Inflation Protection Rider (FCCIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	73.97	88.76	107.99	146.42
45-49	105.64	126.79	154.26	209.21
50	128.06	154.82	189.38	258.23
51	132.98	160.96	197.15	269.09
52	137.88	167.12	204.87	279.94
53	142.79	173.30	212.57	290.79
54	147.66	179.44	220.34	301.69
55	152.58	185.60	228.05	312.55
56	160.43	195.42	240.43	329.85
57	168.34	205.30	252.78	347.15
58	176.18	215.16	265.18	364.51
59	184.04	225.04	277.53	381.84
60	191.93	234.90	289.90	399.14
61	207.71	254.69	314.86	434.16
62	223.49	274.55	339.78	469.24
63	239.27	294.35	364.70	504.25
64	255.04	314.22	389.65	539.32
65	270.83	334.00	414.60	574.35
66	296.38	366.09	454.86	616.62
67	321.92	398.19	495.19	658.86
68	347.43	430.28	535.49	701.12
69	372.97	462.39	575.77	743.35
70	398.54	494.47	616.06	785.62
71	439.73	546.18	680.86	854.30
72	480.90	597.84	745.71	923.02
73	522.06	649.55	810.48	991.74
74	563.24	701.26	875.29	1060.48
75	604.40	752.95	940.14	1129.20
76	632.79	788.16	983.81	1181.63
77	661.18	823.38	1027.56	1234.07
78	689.57	858.63	1071.22	1286.56
79	717.96	893.81	1114.95	1338.99
80	746.31	929.07	1158.68	1391.42
81	785.10	977.51	1219.22	1464.40
82	823.90	1026.02	1279.78	1537.31
83	862.66	1074.47	1340.35	1610.30
84	901.46	1122.95	1400.90	1683.24
85+	940.26	1171.44	1461.49	1756.22

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan Plus Home Health Care Rider (FCHHIR 2000)
5% Compound Inflation Protection Rider (FCCIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	96.58	115.27	141.10	203.44
45-49	137.93	164.67	201.58	290.60
50	168.65	202.40	248.80	361.01
51	174.78	209.96	258.35	375.28
52	180.94	217.59	267.83	389.56
53	187.03	225.15	277.34	403.82
54	193.19	232.74	286.87	418.10
55	199.32	240.34	296.38	432.38
56	208.97	252.29	311.32	454.74
57	218.62	264.23	326.28	477.11
58	228.32	276.10	341.21	499.53
59	237.95	288.05	356.17	521.89
60	247.64	299.97	371.14	544.29
61	266.45	323.29	400.41	588.32
62	285.27	346.64	429.74	632.40
63	304.08	370.01	458.99	676.43
64	322.90	393.33	488.33	720.51
65	341.75	416.65	517.65	764.55
66	372.12	454.27	564.83	816.84
67	402.44	491.89	611.98	869.12
68	432.87	529.51	659.19	921.45
69	463.19	567.13	706.37	973.72
70	493.56	604.77	753.57	1026.02
71	553.62	679.07	846.67	1110.38
72	613.63	753.37	939.77	1194.77
73	673.68	827.66	1032.87	1279.09
74	733.69	901.96	1125.96	1363.48
75	793.75	976.25	1219.06	1447.84
76	828.17	1018.54	1271.60	1510.35
77	862.54	1060.83	1324.09	1572.83
78	896.95	1103.15	1376.65	1635.34
79	931.35	1145.43	1429.18	1697.83
80	965.76	1187.71	1481.73	1760.34
81	1015.05	1248.60	1557.81	1850.93
82	1064.36	1309.48	1633.85	1941.52
83	1113.72	1370.34	1709.89	2032.15
84	1163.01	1431.25	1785.94	2122.74
85+	1212.35	1492.12	1862.03	2213.33

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan: 50% Home Care
5% Simple Inflation Protection Rider (FCSIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	54.47	64.48	77.52	102.53
45-49	77.80	92.11	110.74	146.51
50	97.58	116.81	141.63	189.47
51	102.04	122.39	148.64	199.24
52	106.47	127.98	155.63	209.07
53	110.88	133.55	162.68	218.87
54	115.35	139.14	169.68	228.68
55	119.77	144.72	176.69	238.47
56	127.35	154.17	188.54	255.08
57	134.92	163.66	200.44	271.69
58	142.47	173.14	212.36	288.29
59	150.06	182.62	224.22	304.92
60	157.63	192.09	236.12	321.52
61	172.32	210.51	259.30	354.02
62	186.99	228.98	282.52	386.55
63	201.66	247.43	305.70	419.15
64	216.33	265.89	328.92	451.64
65	231.02	284.32	352.10	484.16
66	256.06	315.80	391.64	526.91
67	281.14	347.27	431.21	569.69
68	306.20	378.79	470.72	612.47
69	331.26	410.26	510.24	655.21
70	356.33	441.71	549.80	697.99
71	396.76	492.46	613.42	766.86
72	437.14	543.22	677.00	835.71
73	477.58	593.92	740.61	904.59
74	517.96	644.65	804.19	973.46
75	558.41	695.39	867.83	1042.27
76	589.99	734.62	916.56	1100.80
77	621.56	773.88	965.35	1159.37
78	653.20	813.13	1014.10	1217.85
79	684.78	852.44	1062.85	1276.40
80	716.39	891.67	1111.64	1334.93
81	757.42	942.93	1175.74	1412.15
82	798.45	994.24	1239.85	1489.37
83	839.53	1045.54	1303.99	1566.62
84	880.57	1096.85	1368.10	1643.85
85+	921.62	1148.13	1432.18	1721.05

Catholic Order of Foresters
Rates per \$10 Daily Benefit
90 Day Elimination Period
Base Plan Plus Home Health Care Rider (FCHHIR 2000)
5% Simple Inflation Protection Rider (FCSIP 2000)

Age	2 year	3 year	5 year	Lifetime
18-44	73.42	86.81	105.36	149.94
45-49	104.93	123.99	150.52	214.21
50	132.86	158.32	193.43	278.12
51	138.56	165.33	202.22	291.29
52	144.23	172.33	211.03	304.49
53	149.94	179.35	219.81	317.66
54	155.61	186.35	228.61	330.85
55	161.31	193.36	237.40	344.01
56	170.71	204.99	251.95	365.77
57	180.13	216.56	266.49	387.51
58	189.51	228.18	281.01	409.28
59	198.93	239.75	295.55	431.00
60	208.33	251.37	310.10	452.76
61	225.99	273.28	337.56	494.06
62	243.68	295.15	365.08	535.39
63	261.34	317.06	392.57	576.68
64	278.98	338.94	420.08	618.00
65	296.67	360.86	447.58	659.33
66	326.57	397.90	494.05	712.39
67	356.46	434.95	540.49	765.46
68	386.36	471.98	586.94	818.48
69	416.26	509.03	633.38	871.57
70	446.19	546.07	679.85	924.61
71	504.92	618.77	770.93	1009.27
72	563.66	691.42	861.98	1093.92
73	622.40	764.13	953.03	1178.51
74	681.13	836.83	1044.14	1263.17
75	739.92	909.52	1135.21	1347.81
76	778.08	956.51	1193.60	1417.34
77	816.27	1003.49	1252.04	1486.83
78	854.43	1050.44	1310.50	1556.37
79	892.65	1097.41	1368.94	1625.89
80	930.83	1144.40	1427.35	1695.38
81	982.78	1208.53	1507.49	1790.86
82	1034.68	1272.64	1587.60	1886.33
83	1086.65	1336.80	1667.75	1981.84
84	1138.54	1400.90	1747.89	2077.31
85+	1190.51	1465.07	1828.02	2172.78

Policy Form Number FCLTC-PA 2000

Premium Adjustment Factors Attributable
to Increasing Elimination Periods

Days in Elimination Period			
<u>20</u>	<u>60</u>	<u>90</u>	<u>180</u>
1.15	1.07	1.00	0.90

Policy Form Number FCLTC-PA 2000

Premium Adjustment Factors Attributable to Optional Riders

Issue Age	FCSWP 2000 Spousal Waiver of Premium	FCSSP 2000 Survivor Spouse Paid-Up	FCROP 2000 Return of Premium	FCNFBR 2000 Nonforfeiture Benefit
18-39	0.01	0.12	1.08	1.20
40-49	0.01	0.12	1.08	1.19
50-54	0.01	0.12	1.08	1.17
55	0.02	0.12	1.12	1.17
56-59	0.02	0.11	1.12	1.17
60-64	0.02	0.11	1.12	1.15
65	0.03	0.11	1.14	1.15
66-69	0.03	0.09	1.14	1.15
70	0.04	0.07	1.15	1.13
71	0.04	0.07	1.18	1.13
72	0.04	0.07	1.21	1.13
73	0.04	0.07	1.23	1.13
74	0.04	0.07	1.26	1.13
75	0.06	0.06	1.29	1.13
76	0.06	0.06	1.31	1.13
77	0.06	0.06	1.34	1.13
78	0.06	0.06	1.36	1.13
79	0.06	0.06	1.39	1.13
>=80	0.11	0.04	1.41	1.11

Discounts

Spousal Discount	15%
Preferred Discount	10%

Benefit Period	FCROB 2000 Restoration of Benefit	FCSSB 2000 Spousal Shared Benefit
2 Years	1.08	N/A
3 Years	1.05	0.12
5 Years	1.04	0.08
Lifetime	N/A	N/A

Premium Calculation Example

$$A = \begin{array}{l} \text{Annual Base Premium} \\ \text{Base Premium based upon possible choice of:} \\ \text{Home Health Care Increase Rider and/or} \\ \text{Simple Inflation Protection Rider and/or} \\ \text{Compound Inflation Protection Rider} \\ * \\ \text{Elimination Period Factor} \end{array}$$

$$B = \begin{array}{l} A * \text{Survivor Spouse Paid-Up Factor} \\ \text{(if chosen by Insured)} \\ + \\ A * \text{Spousal Shared Benefit Factor} \\ \text{(if chosen by Insured)} \\ + \\ A * \text{Spousal Waiver of Premium Factor} \\ \text{(if chosen by Insured)} \end{array}$$

$$C = \begin{array}{l} (A + B) * \text{Restoration of Benefit Factor} \\ \text{(if chosen by Insured)} \\ * \\ \text{Nonforfeiture Benefit Factor or} \\ \text{Return of Premium Factor} \\ \text{(if chosen by Insured)} \end{array}$$

$$C = \text{Total Gross Premium}$$

State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/		

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	Cover Letter - Gen 12 PA - 2022 CB.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification (A&H)
Bypass Reason:	This is not a new form filing; it is a rate increase filing on a closed block of business. These policies are no longer being sold in any jurisdiction.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	Actuarial Memorandum - Gen 12 - PA - 2022.pdf COF PA Proj Exhibit 2022.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	This is a rate increase filing on a closed block of business. These policies are no longer being sold in any jurisdiction.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Authorization to File (A&H)
Comments:	
Attachment(s):	COF Authorization Letter - SignedNL 10.22.2019.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	This filing contains no insert pages.
Attachment(s):	

State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/		

Item Status:	
Status Date:	
Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	This is not a new form filing. Revised rates are included in the Rate/Rule Schedule tab.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	This filing contains no changes to approved forms.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Advertisement Compliance Certification
Bypass Reason:	This is a closed block of business.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	We do not believe this rate increase is substantial.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	This is not a form filing.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Sample Policyholder Notification Letter
Comments:	
Attachment(s):	Sample COF Rate Increase Letter - 7-1-2022.pdf
Item Status:	
Status Date:	

State:	Pennsylvania	Filing Company:	Catholic Order of Foresters
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	FCNH, FCLTC, FCLTC 2000		
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/		

Satisfied - Item:	Response to 202211 Objection
Comments:	
Attachment(s):	COF PA Gen 12 - Response to 202211 Obj.pdf COF PA Proj Exhibit 2022 wReq Info.xlsx FCNH-PA.pdf COF Gen 12 PA Inforce as of 12-2021.xlsx FCNFBR-PA.pdf FCLTC-PA.pdf FCIPR-PA.pdf FCHHIR-PA.pdf FCHHIR-PA 2000.pdf FCGPIP-PA 2000.pdf FCCIP-PA 2000.pdf FCSWP-PA 2000.pdf FCSSB-PA 2000.pdf FCSIP-PA 2000.pdf FCROP-PA 2000.pdf FCROB-PA 2000.pdf FCLTC-PA 2000.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	UHAS-133154716	State Tracking #:	UHAS-133154716	Company Tracking #:	
State:	Pennsylvania	Filing Company:	Catholic Order of Foresters		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	FCNH, FCLTC, FCLTC 2000				
Project Name/Number:	COF LTC Rate Increase Round 6 - Gens 1 and 2/				

Attachment COF PA Proj Exhibit 2022.xlsx is not a PDF document and cannot be reproduced here.

Attachment COF PA Proj Exhibit 2022 wReq Info.xlsx is not a PDF document and cannot be reproduced here.

Attachment COF Gen 12 PA Inforce as of 12-2021.xlsx is not a PDF document and cannot be reproduced here.

November 4, 2022

Michael Humphreys
Acting Insurance Commissioner
Pennsylvania Insurance Department
Commonwealth of Pennsylvania
1326 Strawberry Square, 13th Floor
Harrisburg, Pennsylvania 17120

RE: Catholic Order of Foresters
NAIC # 57487
SERFF Tracking # UHAS-133154716
Policy Forms: FCNH, FCLTC, FCLTC 2000
Requested 16.67% Rate Increase and Rate Stability Reporting for Prior Rate Increase

Dear Acting Commissioner Humphreys:

This referenced filing is being submitted on behalf of Catholic Order of Foresters for your review. This filing includes a rate increase request, as well as the information to satisfy rate stabilization requirements.

These policies are existing individual policy forms providing long-term care coverage. They were issued from 1998 through 2004 and are no longer being marketed in any jurisdiction.

Rate Increase Filing

Please find the attached actuarial documents to support the requested 16.67% rate increase on the referenced policy forms and attendant riders. The rate increase is needed to offset a higher-than-expected lifetime loss ratio caused by higher-than-expected persistency. Some of these policies are subject to Rate Stabilization requirements. Compliance with the 58/85 loss ratio test with the requested rate increase is demonstrated in Section 24 of the actuarial memorandum. The deviation in both voluntary lapses and mortality exceeds the previously established moderately adverse conditions for these policy forms.

The proposed effective date of the requested increase is as soon as possible following approval and fulfillment of all statutory and contractual requirements and will be at least one year from the implementation of the previous rate increase.

As a fraternal organization, Catholic Order of Foresters is very concerned for their policyholders and, as a result, the company will offer policyholders several options to reduce their benefits in order to allow them the flexibility to reduce the effect of the premium increase or maintain their current premium level.

In addition, the company will provide the contingent benefit upon lapse benefit to policyholders who did not purchase the optional nonforfeiture benefit.

Rate Stability Experience Filing

The projection presented in the actuarial memorandum represents year two of the required three years of reporting following implementation of the increase approved 5/23/2020, as well as year three following the implementation of the increase approved 8/26/2019. The attached Rate Stability Exhibit shows the projected values for 2021 from the most recent filing (UHAS-132946160, which became effective 1/1/2022) and compares them to the actual results through 12/31/2021.

The analyses and projections included in this filing continue to demonstrate that the rate increase was justified. The justification for the rate increase was based on higher-than-expected persistency. The actual lapse and mortality rates deviate from the original pricing assumptions and exceed moderately adverse conditions.

If you have any questions or would like to discuss any of the materials included in this filing, please feel free to contact me by telephone (262) 510-5776 or email at cbittner@uhasinc.com.

Sincerely,



Carolyn Bittner, FSA, MAAA
Consulting Actuary

Rate Stability Exhibit for PA

Nationwide Experience

FCNH, FCLTC, FCLTC 2000

Calendar Year	Filed Projections Approved 9/28/2021 (Claims by Inc Yr)							Actual Experience (Claims by Inc Yr)					
	Life Years	With No Rate Increase			With Proposed 39.99% Rate Increase Effective 12/1/2021			Life Years	With Actual 20% Rate Increase Effective 2/1/2017, 16.67% Effective 6/1/2018, 20% Effective 12/1/2019, 16.67% Effective 12/1/2020, and 20% Effective 1/1/2022				
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio		Collected Premium		Incurred Claims	Loss Ratio	
									Actual	PA RateLvl		Actual	PA RateLvl
2021	615	1,205,119	1,250,194	103.7%	1,211,893	1,250,368	103.2%	613	1,120,464	1,214,010	2,396,905	213.9%	197.4%



Catholic Order of Foresters

Actuarial Memorandum

Rate Increase for Individual Long Term Care Policy Forms FCNH, FCLTC, FCLTC 2000

1. Scope and Purpose of Filing

The purpose of this rate filing is to request a revision on the above-referenced policy forms and any associated riders (please see Exhibit A for a list of riders) and to demonstrate that, after the requested rate increase, applicable loss ratio requirements are met. It is not intended to be used for any other purpose.

The filing applies to existing policyholders only, as this is a closed block of business. The rate increase is needed in order to offset the higher-than-expected lifetime loss ratios caused by higher-than-expected policyholder persistency.

2. Requested Rate Action

The company is requesting a level rate increase of 16.67% on all forms and riders.

3. Status

The policy forms affected represent a closed block of business.

4. Description of Benefits

All plans are intended to be tax-qualified, and benefits become payable when the insured either requires substantial assistance with at least 2 of 6 ADLs (bathing, dressing, continence, eating, toileting and transferring) for 90 days or requires substantial supervision due to severe cognitive impairment.

FCNH

The base plan is administered on a "pool of money" basis, where the pool of money is calculated as the nursing home daily maximum times the benefit period in days. The insured is provided with the services of a quality care coordinator, who evaluates the insured's functional abilities, prepares a Plan of Care, and coordinates the care to be received. An insured who qualifies for benefits is eligible to receive any nursing home or assisted living facility services that are included in the Plan of Care developed by the quality care coordinator. A 21-day per year nursing home bed reservation benefit could be included in the Plan of Care, or hospice care could be provided. Premiums are waived after the policyholder has been receiving covered care for 90 days and as long as the person continues to receive covered benefits.

Optional rider FCIPR increases the daily maximum and the maximum policy benefit by 5%, compounded annually, on each policy anniversary.

Optional rider FCNFBR provides, after 3 years inforce, the cumulative premiums paid to be available upon lapse to continue coverage for a shortened benefit period (SBP). The SBP (in days) is calculated as the cumulative premiums paid divided by the nursing home daily maximum, subject to a minimum of 30 days

FCLTC

The base plan covers nursing home, assisted living, and hospice care up to the daily benefit and home health care and adult day care up to half of the daily benefit. It is administered on a "pool of money" basis, where the pool of money is calculated as the nursing home daily maximum times the benefit period in days. The insured is provided with the services of a quality care coordinator, who evaluates the insured's functional abilities, prepares a Plan of Care, and coordinates the care to be received. An insured who qualifies for benefits is eligible to receive all long term care services that are included in the Plan of Care developed by the quality care coordinator. This could include nursing home care, assisted living facility care, home health care or adult day care. A 21-day per year nursing home bed reservation benefit could be included in the Plan of Care, or hospice care could be provided. Respite care could be provided, up to 21 days per year. Other alternate services could be included, if agreed to by all parties. There is also a "caregiver training benefit" to pay for the costs of an informal caregiver in receiving training, thus making formal long term care services unnecessary. This benefit is subject to a \$500 lifetime maximum. Premiums are waived after the policyholder has been receiving covered care for 90 days and as long as the person continues to receive covered benefits.

Optional rider FCHHIR doubles the maximum daily benefit payable for home health care and adult day care.

Optional rider FCIPR increases the daily maximum and the maximum policy benefit by 5%, compounded annually, on each policy anniversary.

Optional rider FCNFBR provides, after 3 years inforce, the cumulative premiums paid to be available upon lapse to continue coverage for a shortened benefit period (SBP). The SBP (in days) is calculated as the cumulative premiums paid divided by the nursing home daily maximum, subject to a minimum of 30 days

FCLTC 2000

The base plan covers long-term facility care, assisted living facility care, and care in a hospital long term care unit up to the daily benefit amount and home health care and adult day care up to half of the daily benefit. There is an alternative care benefit that covers expenses incurred as agreed upon by the insured and the Order, a caregiver training benefit that covers expenses incurred up to \$500 over the life of the policy, and a respite care benefit equal to the expenses incurred up to 21 times the daily benefit amount per calendar year. Premiums are waived after the policyholder has been receiving covered care for 90 days and as long as the person continues to receive covered benefits.

Optional rider FCHHIR 2000 doubles the maximum daily benefit payable for home health care and adult day care.

Optional rider FCCIP 2000 increases the daily benefit amount and unused policy maximum by 5%, compounded annually, on each policy anniversary.

Optional rider FCSIP 2000 increases the daily benefit amount and unused policy maximum by 5% of the original amount on each policy anniversary.

Optional rider FCGPIP 2000 gives the insured the option to purchase additional coverage in order to increase the daily benefit and policy maximum amounts by an amount based on the CPI for medical expenses every 2 years (as long as the insured is not receiving benefits and has not declined two consecutive offers).

Optional rider FCNFBR 2000 provides continued coverage with a shortened benefit period and no further inflation increases for policies that lapse after 3 years.

Optional rider FCROP 2000 returns a percentage of the total premiums paid, less any benefits paid, with the percentage based upon the number of years the policy has been in force.

Optional rider FCROB 2000 restores the policy maximum to the Initial Policy Maximum if the policyholder has not received Qualified Long-Term Care services for at least 180 consecutive days; is not eligible for benefits, and is not receiving benefits. The policy maximum may be restored an unlimited number of times.

Optional rider FCSSB 2000 allows spouses who are both covered under FCLTC 2000 policies with the same benefits to combine their maximum lifetime benefits so that the first spouse to exhaust benefits under one policy may then start using benefits under the second spouse's policy

Optional rider FCSWP 2000 provides for the policyholder's spouse (who is also covered under an FCLTC 2000 policy) to have their premium waived while the policyholder is confined to a Long-Term Care Facility or Assisted Living Facility, beginning after at least 90 days of confinement.

Optional rider FCSSP 2000 provides for the insured's policy to become paid-up upon the death of their spouse (who was also covered under an FCLTC 2000 policy), provided both policies were in force for at least 10 years.

5. Renewability Clause

The policy forms are guaranteed renewable for the life of the policyholder.

6. Applicability

The premium increase contained in this memorandum will be applicable to all insureds of the policy forms and riders described in Section 4 and, since this is a closed block, the rate increase will apply only to existing policyholders.

7. Morbidity

The current morbidity assumptions are based on industry data and the historical experience from Catholic Order of Forester's long term care block of business. The morbidity assumptions were modeled on a first principles basis and include incidence, claim termination, and salvage assumptions. These assumptions are consistent with the block's gross premium valuation testing.

A loss ratio analysis was completed, comparing loss ratios by duration developed under current assumptions with the original pricing loss ratios. The results of the loss ratio analysis indicate that the current morbidity assumptions are consistent with the original morbidity assumptions at pricing.

8. Mortality

Future projections are based on the assumed mortality per the Annuity 2000 table, adjusted by 90% for active lives and 200% for disabled lives.

9. Persistency

The assumed persistency is the sum of the following:

- Non-death (voluntary lapse and benefit exhaustion) termination; and,
- Death rates, as described in Section 8.

A total termination study was completed by comparing the difference between the actual total termination rates observed on the policy forms and the assumed mortality described in the previous section. The resulting difference was then attributed to the voluntary lapses and, based on this analysis, future projections are based on an assumed voluntary lapse rate of 0.5% for all future years. Please see section 23 for the results of this experience study. The result of this assumption development process is that the assumed total terminations reflect the actual experienced total termination rates. No additional shock lapses or anti-selection factors were assumed as a result of the proposed rate increase.

10. Expenses

This filing does not include projected expenses, nor is any part of the requested rate increase intended to cover greater-than-expected expenses.

11. Marketing Method

The referenced policy forms were marketed to individuals by licensed agents.

12. Underwriting

All policies subject to the requested rate increase were subject to full medical underwriting in accordance with company standards in place at the time of issue. Since Catholic Order of Foresters has not sold long-term care since 2005, all inforce policies are now past the initial select period, so no further underwriting wear-off is reflected in the projections.

13. Premium Classes

Premiums vary by benefit period, elimination period, optional rider selection, state of issue, premium mode, risk class, and the issue age of the policyholder. Discounts were available for certain members of the clergy, members of associations that negotiated a discount with the company, and individuals whose spouse also purchased a policy.

14. Issue Age Range

These forms were available to individuals at ages 18-84. Premiums are based on the policyholder's age at issue.

15. Area Factors

Premiums do not vary within a state by geographic region.

16. Average Annual Premium

Please see Exhibit B for statewide and nationwide average annualized premium as of 12/31/2020.

17. Premium Modalization Rules

The filed premiums are multiplied by the modal factors shown below in order to create modal billed premiums.

<u>Billing Mode</u>	<u>Factor</u>
Annual	1.0000
Semi-Annual	0.5200
Quarterly	0.2650
Monthly PAC on FCLTC 2000	0.0865
Monthly PAC on all other forms	0.0875

18. Trend Assumptions – Medical and Insurance

Benefits are capped by the daily benefit limit, and daily benefit limits are generally below the daily charge amounts. Consequently, we have assumed no medical trend in the attached projections.

19. Minimum Required Loss Ratio for the Forms

The minimum loss ratio for the referenced policy forms is 60%.

20. Anticipated Loss Ratio

The anticipated loss ratio after the proposed premium rate increase shown in Section 24 meets the applicable requirement.

21. Distribution of Business

Please see Exhibit C for the distribution of in force business by premium class.

22. Contingency and Risk Margins

The revised premium rates do not contain an explicit margin for contingency.

23. Experience on the Forms (Past and Future Anticipated)

Please see Exhibit D for the historical and projected future experience.

For credibility purposes, the historical Catholic Order of Foresters nationwide experience was combined. Incurred claims reflect claims incurred through 12/31/2021 and paid through 6/30/2022, and the claim reserve as of 6/30/2022. Both payments and reserves have been discounted back to the year of incurral using the valuation interest rate. Please note that collected premiums were used as estimates for the historical earned premiums.

The valuation interest rate of 4.50% was used to accumulate the historical experience and discount the future experience to 12/31/2021. The use of the valuation interest rate complies with rate stability model regulation.

The following table shows the results of the total termination study for policy durations five and later. As described in Section 9, a total termination study was completed by comparing the difference between the actual total termination rates observed on the policy forms through 12/31/2021 and the assumed mortality. The resulting difference was then attributed to the voluntary lapses, which was 0.47%. Because of the low number of total terminations, a lapse rate of 0.50% was assumed, and the 0.50% lapse rate is used for this premium rate increase filing and the projections accompanying this filing.

Lapse Experience Analysis for Policy Durations 5+				
Original Lapse Assumption	Actual Lapse	Actual-to-Original Lapse	Revised Lapse Assumption	Actual-to-Revised Lapse
1% - 4%	0.47%	12% - 47%	0.50%	94%

24. Lifetime Loss Ratio

Exhibit D details the historical and projected future experience. The following summarizes the lifetime loss ratio calculation detailed in the exhibit and also demonstrates how the experience with the proposed rate increase meets the 58/85 test using present values at the valuation interest rate (4.5%):

Assuming 16.67% Rate Increase

	<u>Present Values at 4.5%</u>		
	<u>Earned</u>	<u>Incurred</u>	<u>Loss</u>
	<u>Premium</u>	<u>Claims</u>	<u>Ratio</u>
Historical	33,797,067	14,040,951	41.5%
Projected	12,542,356	33,346,555	265.9%
Total	46,339,423	47,387,506	102.3%

Without Proposed 16.67% Rate Increase

	<u>Present Values at 4.5%</u>		
	<u>Earned</u>	<u>Incurred</u>	<u>Loss</u>
	<u>Premium</u>	<u>Claims</u>	<u>Ratio</u>
Historical	33,797,067	14,040,951	41.5%
Projected	10,994,973	32,971,199	299.9%
Total	44,792,040	47,012,150	105.0%

58/85 Test

58% x	36,786,682 =	21,336,276
46,339,423 -	36,786,682 =	9,552,740
85% x	9,552,740 =	8,119,829
21,336,276 +	8,119,829 =	29,456,105
	47,387,506 >	29,456,105

25. History of Rate Adjustments

<u>Approval Date</u>	<u>Rate Adjustment</u>
1/18/2000	Complete repricing of FCLTC
11/9/2016	20.00% Increase
3/6/2018	16.67% Increase
8/26/2019	20.00% Increase
5/23/2020	16.67% Increase
9/28/2021	20.00% Increase

26. Number of Policyholders

Please see Exhibit B for the statewide and nationwide policy counts as of 12/31/2021.

27. Proposed Effective Date

Following department approval, the requested rate increase will be implemented as soon as possible after the required notice period. The projections assume an implementation date of 1/1/2023.

28. Data Reliance and Data Quality

All referenced analyses and projections were performed under the direction of a colleague. I have reviewed the results of the analyses and projections for reasonableness. In performing the analysis, preparing this filing, and rendering the actuarial opinion

below, I relied on data provided to me by Catholic Order of Foresters. I reviewed the data for reasonableness and consistency, but I did not perform a detailed audit of the data. Based on my review of the data, the data are appropriate for the purpose used, and to the best of my knowledge the data contain no material data quality issues.

29. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this actuarial opinion.

This filing complies with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8 “Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits,” No. 18 “Long-Term Care Insurance,” and No. 23 “Data Quality.”

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the State of Pennsylvania, including 89a.118.

In forming my opinion, policy design, underwriting and claims adjudication practices have been taken into consideration.

In my opinion, the rates are not excessive or unfairly discriminatory. This filing will enhance premium adequacy but may not be sufficient to prevent future rate action. Given this, I cannot certify the proposed rates to be sustainable over the life of the form with no future premium increases or that they would be sufficient to cover anticipate costs under moderately adverse conditions.



Carolyn Bittner, FSA, MAAA
Consulting Actuary
UHAS, A Division of Risk Strategies

November 4, 2022
Date

Attachments:Exhibits

Exhibit A:	List of Associated Riders
Exhibit B:	In Force Counts and Annualized Premium
Exhibit C:	Distribution of In Force Policies
Exhibit D:	Historical and Projected Experience

Premium Rate Sheets

FCNH	Current Rates
	Proposed Rates
	Premium Adjustment Factors (applicable to both current and proposed rates)
FCLTC	Current Rates
	Proposed Rates
	Premium Adjustment Factors (applicable to both current and proposed rates)
FCLTC 2000	Current Rates
	Proposed Rates
	Premium Adjustment Factors (applicable to both current and proposed rates)

Catholic Order of Foresters

1

Exhibit A

List of Associated Riders

FCNH Riders

FCIPR	Optional Inflation Rider
FCNFBR	Optional Non-Forfeiture Rider

FCLTC Riders

FCHHIR	Optional Home Health Care Rider
FCIPR	Optional Inflation Rider
FCNFBR	Optional Non-Forfeiture Rider

FCLTC 2000 Riders

FCHHIR 2000	Home Health Care Increase Rider
FCCIP 2000	5% Compound Inflation Protection Rider
FCSIP 2000	5% Simple Inflation Protection Rider
FCGPIP 2000	Guaranteed Purchase Inflation Rider
FCNFBR 2000	Nonforfeiture Benefit Rider
FCROP 2000	Return of Premium Rider
FCROB 2000	Restoration of Benefits Rider
FCSSB 2000	Spousal Shared Benefit Rider
FCSWP 2000	Spousal Waiver of Premium Rider
FCSSP 2000	Survivor Spouse Paid-Up Rider

Catholic Order of Foresters
Exhibit B
In Force Counts and Annualized Premium

1

In Force Data as of 12/31/2021

			Average Annualized Premium	
			Current	After Proposed 16.67% Increase
	Annualized Premium	Policies in Force		
PA	FCNH	0	0	
	FCLTC	3,685	2	1,843
	<u>FCLTC 2000</u>	<u>15,209</u>	<u>6</u>	<u>2,535</u>
	Total	18,895	8	2,362
Nationwide	FCNH	29,252	19	1,540
	FCLTC	121,023	74	1,635
	<u>FCLTC 2000</u>	<u>1,018,975</u>	<u>507</u>	<u>2,010</u>
	Total	1,169,250	600	1,949

Catholic Order of Foresters
Exhibit C
Distribution of In Force Policies

1

Distribution of Policies In Force Nationwide as of 12/31/2021
FCNH, FCLTC, FCLTC 2000

Issue Age	Dist	Issue Age	Dist	Benefit Period	Dist	Discount	Pols With
29	0.2%	58	5.0%	2 Years	8.0%	Association	21.7%
30	0.0%	59	4.3%	3 Years	27.0%	Clergy	4.5%
31	0.0%	60	4.7%	5 Years	42.2%	Spousal	85.7%
32	0.0%	61	4.5%	<u>Lifetime</u>	<u>22.8%</u>		
33	0.0%	62	4.3%	Total	100.0%		
34	0.0%	63	3.3%				
35	0.2%	64	6.0%	Elimination Period	Dist		
36	0.0%	65	4.0%	20 Day	15.3%		
37	0.0%	66	3.2%	60 Day	11.7%		
38	0.0%	67	2.8%	90 Day	70.8%		
39	0.3%	68	2.2%	<u>180 Day</u>	<u>2.2%</u>		
40	0.5%	69	1.2%	Total	100.0%		
41	0.7%	70	0.8%				
42	0.3%	71	0.8%	Premium Mode	Dist		
43	0.3%	72	0.5%	Annual	56.5%		
44	1.3%	73	0.5%	Semi-Annual	6.0%		
45	0.5%	74	0.2%	Quarterly	6.3%		
46	1.5%	75	0.0%	<u>Monthly</u>	<u>31.2%</u>		
47	1.0%	76	0.3%	Total	100.0%		
48	2.8%	77	0.0%				
49	5.0%	78	0.0%	Risk Class	Dist		
50	2.7%	79	0.0%	Preferred	69.3%		
51	3.2%	80	0.0%	Standard	30.5%		
52	3.5%	81	0.0%	Substandard I	0.2%		
53	5.0%	82	0.2%	<u>Substandard II</u>	<u>0.0%</u>		
54	5.8%	83	0.0%	Total	100.0%		
55	6.0%	84	0.0%				
56	5.5%	85	0.0%	Optional Rider	Pols With		
57	4.8%			HHC Increase	48.5%		
		Total	100.0%	5% Compound Inflation	54.0%		
				5% Simple Inflation	15.5%		
				Guaranteed Purchase Inflation	30.5%		
				Nonforfeiture Benefit	0.5%		
				Return of Premium	42.3%		
				Restoration of Benefits	9.7%		
				Spousal Shared Benefit	22.2%		
				Spousal Waiver of Premium	19.2%		
				Survivor Spouse Paid-Up	7.5%		

Catholic Order of Foresters

Exhibit D

Historical and Projected Experience

Nationwide Experience
FCNH, FCLTC, FCLTC 2000
(Reflects Claims Paid and Reserves Held As Of 6/30/2022)

Calendar Year	Life Years	Without Proposed Rate Increase								With Proposed 16.67% Rate Increase Effective 1/1/2023		
		Premium*		By Incurral Year			Incurred Loss Ratio		PA RateLvl	By Incurral Year		Incurred Loss Ratio
		Actual	PA RateLvl	Pd Clms	Clm Res	Inc Clms	Actual	PA RateLvl		PA RateLvl	Inc Clms	
1998	7	26,884	26,884	0	0	0	0.0%	0.0%	26,884	0	0	0.0%
1999	65	116,684	116,684	0	0	0	0.0%	0.0%	116,684	0	0	0.0%
2000	169	280,636	280,636	0	0	0	0.0%	0.0%	280,636	0	0	0.0%
2001	368	520,048	520,048	0	0	0	0.0%	0.0%	520,048	0	0	0.0%
2002	595	829,398	829,398	0	0	0	0.0%	0.0%	829,398	0	0	0.0%
2003	831	1,043,188	1,043,188	80,505	0	80,505	7.7%	7.7%	1,043,188	80,505	7.7%	7.7%
2004	915	1,074,557	1,074,557	0	0	0	0.0%	0.0%	1,074,557	0	0	0.0%
2005	902	1,065,845	1,065,845	160,108	0	160,108	15.0%	15.0%	1,065,845	160,108	15.0%	15.0%
2006	886	1,025,325	1,025,325	116,868	0	116,868	11.4%	11.4%	1,025,325	116,868	11.4%	11.4%
2007	870	1,010,652	1,010,652	86,000	0	86,000	8.5%	8.5%	1,010,652	86,000	8.5%	8.5%
2008	857	993,656	993,656	144,354	0	144,354	14.5%	14.5%	993,656	144,354	14.5%	14.5%
2009	845	955,914	955,914	180,601	0	180,601	18.9%	18.9%	955,914	180,601	18.9%	18.9%
2010	832	955,064	955,064	391,460	0	391,460	41.0%	41.0%	955,064	391,460	41.0%	41.0%
2011	819	953,319	953,319	567,209	79,662	646,871	67.9%	67.9%	953,319	646,871	67.9%	67.9%
2012	810	922,435	922,435	352,945	0	352,945	38.3%	38.3%	922,435	352,945	38.3%	38.3%
2013	799	903,082	903,082	697,668	0	697,668	77.3%	77.3%	903,082	697,668	77.3%	77.3%
2014	788	892,958	892,958	621,451	127,385	748,836	83.9%	83.9%	892,958	748,836	83.9%	83.9%
2015	775	874,661	874,661	1,303,230	110,963	1,414,193	161.7%	161.7%	874,661	1,414,193	161.7%	161.7%
2016	757	833,611	833,611	870,295	107,512	977,807	117.3%	117.3%	833,611	977,807	117.3%	117.3%
2017	731	934,225	946,184	467,857	92,818	560,675	60.0%	59.3%	946,184	560,675	59.3%	59.3%
2018	701	970,571	983,608	539,325	15,808	555,133	57.2%	56.4%	983,608	555,133	56.4%	56.4%
2019	673	1,022,083	1,021,791	433,129	190,255	623,383	61.0%	61.0%	1,021,791	623,383	61.0%	61.0%
2020	643	1,069,701	1,126,218	335,899	305,878	641,776	60.0%	57.0%	1,126,218	641,776	57.0%	57.0%
2021	613	1,120,464	1,214,010	559,504	1,837,401	2,396,905	213.9%	197.4%	1,214,010	2,396,905	197.4%	197.4%
2022	587		1,410,059			1,362,620		96.6%	1,411,763	1,362,720		96.5%
2023	561		1,326,591			1,497,520		112.9%	1,540,433	1,499,636		97.4%
2024	534		1,240,802			1,638,165		132.0%	1,442,296	1,644,194		114.0%
2025	507		1,158,856			1,777,266		153.4%	1,346,615	1,787,249		132.7%
2026	479		1,076,966			1,895,689		176.0%	1,251,009	1,909,568		152.6%
2027	451		991,806			2,009,454		202.6%	1,152,185	2,027,119		175.9%
2028	423		912,611			2,139,671		234.5%	1,059,770	2,160,950		203.9%
2029	395		833,389			2,254,550		270.5%	967,716	2,279,145		235.5%
2030	368		758,556			2,336,314		308.0%	880,518	2,363,856		268.5%
2031	340		686,259			2,414,218		351.8%	796,393	2,444,292		306.9%
2032	314		617,499			2,480,587		401.7%	716,454	2,512,802		350.7%
2033	288		553,296			2,550,922		461.0%	641,717	2,584,894		402.8%
2034	262		492,644			2,567,449		521.2%	571,207	2,602,696		455.6%
2035	238		435,915			2,574,275		590.5%	505,301	2,610,340		516.6%
2036	215		383,891			2,520,174		656.5%	444,809	2,556,571		574.8%
2037	193		335,709			2,472,033		736.4%	388,854	2,508,345		645.1%
2038	172		291,906			2,421,352		829.5%	337,976	2,457,171		727.0%
2039	153		252,205			2,315,206		918.0%	291,858	2,350,118		805.2%
2040	134		215,713			2,212,793		1025.8%	249,600	2,246,450		900.0%
2041	118		183,861			2,068,474		1125.0%	212,635	2,100,512		987.9%
2042	102		155,400			1,917,963		1234.2%	179,679	1,948,157		1084.2%
2043	88		131,603			1,772,237		1346.7%	151,941	1,800,395		1184.9%
2044	76		109,067			1,601,378		1468.2%	125,996	1,627,325		1291.6%
2045	65		90,935			1,459,295		1604.8%	104,940	1,482,948		1413.1%
2046	55		75,072			1,306,365		1740.1%	86,586	1,327,691		1533.4%
2047	46		61,827			1,166,377		1886.5%	71,242	1,185,396		1663.9%
2048	38		50,008			1,017,899		2035.5%	57,661	1,034,685		1794.4%
2049	32		40,688			879,993		2162.8%	46,877	894,653		1908.5%
2050	26		33,018			767,299		2323.9%	37,998	779,977		2052.7%
2051	21		26,346			651,464		2472.8%	30,328	662,319		2183.9%
2052	17		21,078			556,164		2638.6%	24,242	565,365		2332.2%
2053	14		16,746			466,052		2783.1%	19,239	473,772		2462.5%
2054	11		13,019			386,417		2968.1%	14,970	392,829		2624.1%
2055	9		10,381			321,048		3092.7%	11,899	326,322		2742.5%
2056	7		7,853			261,018		3323.8%	9,026	265,312		2939.5%
2057	6		6,043			214,830		3555.3%	6,944	218,292		3143.6%
2058	4		4,787			174,185		3639.0%	5,475	176,945		3231.9%
2059	3		3,563			138,844		3897.1%	4,086	141,023		3451.2%
2060	3		2,631			109,881		4176.6%	3,028	111,584		3685.3%
2061	2		2,095			86,286		4118.8%	2,395	87,605		3657.2%
Past Future Lifetime	without interest	20,394,961	20,569,727			10,776,087	52.8%	52.4%	20,569,727	10,776,087		52.4%
			15,020,694			58,763,731		391.2%	17,203,659	59,511,223		345.9%
			35,590,422			69,539,818		195.4%	37,773,386	70,287,310		186.1%
Past Future Lifetime	with interest at 4.5%	33,611,605	33,797,067			14,040,951	41.8%	41.5%	33,797,067	14,040,951		41.5%
			10,994,973			32,971,199		299.9%	12,542,356	33,346,555		265.9%
			44,792,040			47,012,150		105.0%	46,339,423	47,387,506		102.3%
58/85 Test		original prem	36,786,682			58% 21,336,276	add'l prem	9,552,740	85%	8,119,829	sum	29,456,105

*Historical premium shown is collected premium, and projected premium shown is earned premium

As of 6/30/2022, the active life reserve held was \$28,631,718.

Catholic Order of Foresters
Exhibit D
Historical and Projected Experience

2

Pennsylvania Experience
FCNH, FCLTC, FCLTC 2000
(Reflects Claims Paid and Reserves Held As Of 6/30/2022)

Calendar Year	Life Years	Historical Experience				
		Premium*	By Incurral Year			Incurred Loss Ratio
			Pd Clms	Cln Res	Inc Clms	
1998	0	0	0	0	0	
1999	1	1,670	0	0	0	0.0%
2000	4	8,086	0	0	0	0.0%
2001	5	8,015	0	0	0	0.0%
2002	5	9,676	0	0	0	0.0%
2003	11	20,065	0	0	0	0.0%
2004	12	18,123	0	0	0	0.0%
2005	12	19,252	0	0	0	0.0%
2006	11	18,876	0	0	0	0.0%
2007	11	15,480	0	0	0	0.0%
2008	11	15,480	0	0	0	0.0%
2009	11	15,480	0	0	0	0.0%
2010	11	15,480	0	0	0	0.0%
2011	11	15,480	0	0	0	0.0%
2012	11	15,480	0	0	0	0.0%
2013	11	15,480	0	0	0	0.0%
2014	11	15,480	0	0	0	0.0%
2015	11	15,480	0	0	0	0.0%
2016	10	12,051	0	0	0	0.0%
2017	10	16,475	0	0	0	0.0%
2018	10	17,113	0	0	0	0.0%
2019	9	15,526	30,405	0	30,405	195.8%
2020	8	17,538	0	0	0	0.0%
2021	8	19,206	0	0	0	0.0%

Projected Experience
We have not provided a Pennsylvania-specific projection due to the lack of credible experience.

*Historical premium shown is collected premium.

As of 6/30/2022, the active life reserve held was \$556,126.

Please note that only 1 claim has been incurred as of 6/30/2022 in Pennsylvania, so Pennsylvania-specific morbidity experience is non-credible.

AUTHORIZATION FOR FILING

Catholic Order of Foresters hereby authorizes UHAS to submit for approval, on behalf of Catholic Order of Foresters and under applicable insurance statutes, regulations, and rules, the Long Term Care rate and loss ratio filing described in the cover letter.



Signature

10/22/2019

Date

Nelson Lund

Printed Name

Actuarial Manager

Title



BRINGING CATHOLIC VALUES TO LIFE
CATHOLIC ORDER OF FORESTERS
A CATHOLIC FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883
Davies Life & Health, Inc., Third-Party Administrator
PO Box 7066
Allentown, PA 18105-7066

Phone (877) 702-7770 Fax (855) 447-4719

Email
DLHSupport@us.davies-group.com

<<MM/DD/YYYY>>

Policy No: <<00001>>
Insured: <<John Doe>>

<<John Doe>>
<<123 Main Street>>
<<City, State, Zip>>

We value your business and want to thank you for choosing Catholic Order of Foresters to provide your long term care coverage. We are committed to ensuring that your long term care insurance benefits are there when you need them.

The purpose of this letter is to notify you that we have determined that it is necessary to increase premiums for your coverage. <<This increase is less than what was originally requested. The company is likely to pursue additional premium increases approximately 1-2 years from now.>> This is not a premium notice; if you are on a direct, paper bill mode you will receive a notice of premium due approximately 30 days before the premium is due. <<Currently, this policy is on Waiver of Premium and it is not necessary to send us any money at this time, but we wanted to advise you that if or when the policy is removed from waiver, the renewal premium will be \$####.##. You will receive a renewal premium notice prior to your due date.>> Your future premium rate(s) will be as follows:

<<* The <<Monthly>> renewal premium rate of \$<<####.##>> will become effective on <<MM/DD/YYYY>>. This represents a percentage increase of <<##.##>>%.

* The <<Monthly>> renewal premium rate of \$<<####.##>> will become effective on <<MM/DD/YYYY>>. This represents a percentage increase of <<##.##>>%.

* The <<Monthly>> renewal premium rate of \$<<####.##>> will become effective on <<MM/DD/YYYY>>. This represents a percentage increase of <<##.##>>%. >>

* The <<Monthly>> renewal premium rate of \$<<####.##>> will become effective on <<MM/DD/YYYY>>. This represents a percentage increase of <<##.##>>%. Please note that this premium rate does not reflect any future rate increases that may occur.

Reasons for the Premium Increase

It is necessary to increase premiums due to greater than anticipated claims payments expected over the lifetime of all policies like yours. Premium rates must be adjusted to ensure current and future claims are adequately funded, so that long term care benefits will be available to you when you need them. Please be assured that you have not been singled out, and this premium increase is not a reflection of any previous claims history you may have had.

Options Available To You:

We do understand that this premium increase may make it more difficult to continue your current level of coverage. Please know that we do not take this action lightly and we recognize that raising premiums may have a significant impact on you. As such, below are options that you may consider at this time:

- 1. Continue current level of coverage:** Keep your exact coverage without any changes and the new premium will take effect on <<MM/DD/YYYY>>. If we do not hear from you, then we will assume that you have accepted the higher premium amount.

(Continued on reverse)



BRINGING CATHOLIC VALUES TO LIFE
CATHOLIC ORDER OF FORESTERS
A CATHOLIC FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883
Davies Life & Health, Inc., Third-Party Administrator
PO Box 7066
Allentown, PA 18105-7066

Phone (877) 702-7770 Fax (855) 447-4719
Email DLHSupport@us.davies-group.com

2. **Adjust your coverage:** You may consider adjusting the level of coverage in order to make premiums more affordable. <<We have provided you with the attached Benefit Adjustment Option Return Form, which illustrates some of the policy adjustment offer(s) that are available as an alternative to the current plan, while still maintaining essential coverage. If you would like to investigate additional benefit adjustment options, not mentioned in the attached, please contact us at <<877-702-7770>>.>> <<If you would like to investigate the availability of benefit adjustment options, please contact us at <<(877) 702-7770>>.>>

Please discuss potential policy changes with your family or advisors as well as our Policyholder Services Department to make sure any changes to your policy will best suit your needs.

3. **Elect the Contingent Benefit Upon Lapse:** If you determine that you would like to discontinue this coverage we will provide a Contingent Benefit Upon Lapse. The Contingent Benefit Upon Lapse is a pool of money that you can use to fund future long-term care expenses. If you elect this option, your policy will be paid-up with a maximum benefit equal to the sum of the premiums you have paid thus far. If you currently have an open claim, or if a new claim is filed, any benefits paid for dates of service after the effective date of the paid-up policy status will be applied to and will not exceed the policy's new maximum benefit amount. To determine the minimum number of days payable under the policy, the sum of all premiums paid is divided by the maximum Daily Benefit at the time of lapse. Benefit Eligibility is determined by the policy terms and all benefits paid by us will not exceed the maximum benefits which would have been payable if the policy had remained in premium paying status.

This Contingent Benefit Upon Lapse acts as a form of reduced paid up coverage and will be available should you choose to lapse the coverage at any point between now and 120 days following the date the new premium rates take effect. If you would like to elect this benefit please complete and return the enclosed Request to Exercise Contingent Benefit Upon Lapse form. If you do not complete this form, and you lapse your policy within 120 days after the effective date of the rate increase, this benefit will be automatically applied.

When you purchased your long-term care coverage, you made a conscious decision to protect yourself and your family from the increasing costs associated with long-term care, which can be significant; therefore we would like to stress the importance of retaining this valuable coverage. Before considering the options above, please carefully evaluate your situation and your reasons for initially purchasing this coverage.

In addition, you may also wish to contact the State Health Insurance Assistance Program (SHIP) located in your state if you need additional counseling on determining your response. Please go to www.shiphelp.org to find the nearest SHIP to you.

This policy is guaranteed renewable. You have the right to renew your policy for life as long as you continue to pay your premium on time. The company has the right to change your premium if it does so for all policies of your class in your state.

We have enclosed additional information about this increase in the attached Frequently Asked Questions document. For any additional questions, please call our Policyholder Services Department at <<877-702-7770>> and a customer support representative will be happy to assist you.

Sincerely,

Davies Life & Health, Inc.
Third Party Administrator for Catholic Order of Foresters



BRINGING CATHOLIC VALUES TO LIFE
CATHOLIC ORDER OF FORESTERS
A CATHOLIC FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883
Davies Life & Health, Inc., Third-Party Administrator
PO Box 7066
Allentown, PA 18105-7066

Phone (877) 702-7770 Fax (855) 447-4719

Email
DLHSupport@us.davies-group.com

FREQUENTLY ASKED QUESTIONS FOR INSURED

Q. Why is my premium increasing?

A: It is necessary to increase premiums due to greater than anticipated claims payments expected over the lifetime of all policies like this one. Many of the pricing assumptions that were common in the industry when your product was originally marketed have not developed as expected. The factors that contribute to the higher anticipated claims payments include morbidity, persistency and mortality. The claims experience trends have emerged higher than originally priced and more policyholders have kept their coverage in force, resulting in more claims in the later policy durations. This premium increase will help ensure that the Company is able to live up to its obligations to you as a policyholder.

Q. When will my premium increase?

A: Premium for your in force coverage will increase on the date specified in your letter. If your premium is paid through automatic bank draft, your new premium will be deducted automatically from your account on the stated date. If you pay your premium by check, you will receive a premium notice for the increased amount approximately 30 days before that premium due date.

Q. I thought my premium could never go up. Am I being singled out for this rate increase because of my age or health?

A: No. Your premium rates for long term care insurance will never change based on changes in your age or health. As stated in your policy, we can only change premium rates on a class basis, not an individual basis. This means that the rates have been changed on all policies like yours on a statewide class basis. Even though you may not have used your policy, we need to ensure that we can deliver on the promises of the policy should you need to make a claim in the future.

Q. Will my premium continue to increase?

A: <<This increase is less than what was originally requested. The company is likely to pursue an additional premium increase approximately 1-2 years from now.>> The Company will continue to monitor emerging claims experience to ensure that it is able to deliver on the promises of your policy, primarily to pay any future claims you might incur.

Q. Have other insurance companies raised their long term care rates?

A: Yes. The deviations from expected claim and persistency assumptions that the Company has experienced have also been experienced by other long term care insurance carriers. Numerous other carriers have also implemented rate increases for long term care policies.

<<Q. What are the options to reduce my coverage?

A: Please refer to the Benefit Adjustment Option Return Form for a description of some of the options available to you. If there are no specific options listed in your letter, or you would like to investigate additional options, please contact our Policyholder Services Department at <<877-702-7770>>. >>

(continued on reverse)

Q. To keep my policy without paying the higher premium, how do I change my coverage?

A: To change your coverage we require your request in writing. If a Benefit Adjustment Option Return Form is included with this letter you may circle the option you wish to implement, sign, date and return the form. If this form was not included or you wish to hear about additional options available you may contact our Policyholder Services Department at <<877-702-7770>>.

Q. How long do I have to make any coverage changes before the effective date of the increase?

A: You can change your coverage at any time, however in order for us to process any changes before the rate increase effective date you should submit your election to us 15 business days in advance of the effective date of the increase.

Q. I am currently receiving Long Term Care benefits. Do I have to remit the new premium?

A: The premium increase will not impact your current claim benefits. Your policy will continue to provide you with the benefits in accordance with the terms of the coverage you purchased. If your policy contains a provision that waives premium and you are currently receiving that benefit, the new premium will also be waived until such time as you are no longer eligible for waiver of premium, as stated in your policy. You will have to pay the increased premium only after you return to a premium paying status. If your policy does not have a waiver of premium provision or if you do not qualify under this provision, then the premium increase will impact you, even if you are on claim. Please refer to the "Options Available To You" section of the rate increase notification letter.

Q. What safety measures are in place should COF become financially distressed?

A: The premium increases are designed to prevent this from happening. Also, COF, like all other fraternal insurers, may assess its members (in this case, all COF policyholders), a Maintenance of Reserve fee, should the need ever arise.

Q. Whom should I contact if I have additional questions about this rate increase?

A: If you have additional questions, please contact our Policyholder Services Department at <<877-702-7770>>. The office hours are <<Monday through Friday 8:30 a.m. to 6:00 p.m. EST.>>



BRINGING CATHOLIC VALUES TO LIFE
CATHOLIC ORDER OF FORESTERS
A CATHOLIC FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883
Davies Life & Health, Inc., Third-Party Administrator
PO Box 7066
Allentown, PA 18105-7066

Phone (877) 702-7770 Fax (855) 447-4719

Email
DLHSupport@us.davies-group.com

<<BENEFIT ADJUSTMENT OPTION RETURN FORM

Date: <<MM/DD/YYYY>>

Insured: <<John Doe>>

Policy Number: <<00001>>

If you would like to implement one of the benefit adjustment options listed in this letter please circle the option you would like to exercise and then sign, date, and return this page using the enclosed envelope. While you are able to adjust your benefits at any time, to ensure that your option is effective before the rate increase effective date, please return your option to us within 45 days from the date of this letter.

If you would like to investigate additional benefit adjustment offers, not mentioned below, please call our dedicated Policyholder Services Department, toll free at <<877-702-7770>>.

If you do not wish to implement any of these options you do not need to return this form to us.

- * Reduce your policy maximum from <<Lifetime>> to <<5 Years>> for a new <<Monthly>> premium of \$<<###.##>>
- * Reduce your policy maximum from <<Lifetime>> to <<3 Years>> for a new <<Monthly>> premium of \$<<###.##>>
- * Increase your Elimination Period from <<0 Days>> to <<90 Days>> for a new <<Monthly>> premium of \$<<####.##>>
- * Reduce your policy maximum from <<Lifetime>> to <<5 Years>> and increase your Elimination Period from <<0 Days>> to <<90 Days>> for a new <<Monthly>> premium of \$####.##
- * Reduce your base Daily Benefit Amount from \$<<##.##>> to \$<<##.##>> for a new <<Monthly>> premium of \$<<###.##>>. Since you have an active Compound Inflation rider, your new inflated Daily Benefit Amount would be \$<<###.##>> as of <<MM/DD/YYYY>> and is subject to further increases per rider terms.

<<Please be aware that your policy does include additional coverage that is independent of the base policy. The adjustments and quotes noted here only reflect changes to the base policy and not the additional coverage. If you would like premium rate quotes that include adjusting the additional coverage as well, please contact us.>>

<<Please be aware when considering these options, that if you choose to reduce the maximum available under your policy, then any prior claims made on your policy will affect the benefits available after the reduction.>>

By signing and returning this page, Catholic Order of Foresters will change the policy's available benefits, effective <<MM/DD/YYYY>>, to the choice you selected above. You will receive an updated benefit rider once this change to the policy has been made. Please note that the above premium rates are for the current rate increase period and do not reflect any additional rate increases that may be scheduled to occur, or may occur in the future, whether mentioned in this letter or not.

Signature _____ Date _____

If anyone other than the insured signs above, we must have copies of legal representative papers on file>>



BRINGING CATHOLIC VALUES TO LIFE

CATHOLIC ORDER OF FORESTERS

A CATHOLIC FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883

Davies Life & Health, Inc., Third-Party Administrator

PO Box 7066

Allentown, PA 18105-7066

Phone

(877) 702-7770

Fax

(855) 447-4719

Email

DLHSupport@us.davies-group.com

REQUEST TO EXERCISE CONTINGENT BENEFIT UPON LAPSE

Date: <<MM/DD/YYYY>>

Insured: <<John Doe>>

Policy Number: <<00001>>

NOTE: This benefit can be elected by either lapsing your coverage by means of not paying your premium, or by completing and returning this form to us. Either way your election for this coverage must be made within 120 days following the effective date of this rate increase. ***If you do not want to exercise the Contingent Benefit Upon Lapse, then you do not need to complete this form.***

By completing and returning this form, I am electing to stop paying premiums for my long term care coverage and I am exercising the Contingent Benefit Upon Lapse option available with this rate increase.

By exercising this option, I understand that:

- My new maximum benefit amount under this policy will be equal to the sum of the premiums paid into the policy from the issue date through the current paid to date or the remaining amount of benefits available under the policy; whichever is less; and,
- If you currently have an open claim, or if a new claim is filed, any benefits paid for dates of service after the effective date of this new policy status will be applied to and will not exceed the policy's new maximum benefit amount; and,
- Once I exercise this option, I will only be able to reinstate my original maximum benefit amount if I submit a premium payment within 65 days from my premium due date; and,
- I must meet the eligibility requirements required under the Policy in order to receive benefit payments.

By signing below I agree to elect the Contingent Benefit Upon Lapse and I agree to all of the above.

Signature _____ Date _____

If anyone other than the insured signs above, we must have copies of Durable Financial Power of Attorney papers or other legal representative papers on file.

December 13, 2022

Sean Carmody
Actuarial Associate
Bureau of Life, Accident and Health Insurance
1326 Strawberry Square, 13th Floor
Harrisburg, Pennsylvania 17120

RE: Catholic Order of Foresters
NAIC # 57487
SERFF Tracking # UHAS-133154716
Policy Forms: FCNH, FCLTC, FCLTC 2000
Requested 16.67% Rate Increase and Rate Stability Reporting for Prior Rate Increase
Your letter of 11/17/2022

Dear Sean Carmody:

The following are the items you requested, along with our responses:

- 1) *Please provide an Excel spreadsheet that incorporates the three calendar-year non-interest adjusted column vectors of earned premium requested below:*
- a) *Provide the historical (from inception) and projected nationwide earned premium that will be collected at the original rate level. In terms of the 58%/85% Method, this would be the premium column vector that would be subject to a .58 factor. Please provide this – and all other data in this question - as a non-interest rate discounted column vector.*

Please see column P of the attached Excel file.

- b) *Provide the historical (from the date of the first premium increase) and projected nationwide earned premium that will be collected at a “higher than original” rate level. In terms of the 58%/85% Method, this would be the premium column vector that would be subject to a .85 factor. This vector should not include premium generated from the current requested increase.*

This has been added to column Q of the attached Excel file.

- c) *Provide the projected nationwide calendar-year earned premium (from the effective date of the current proposed increase) that will be collected at a “higher than original” rate level due to the current proposed rate increase. Again, in terms of the 58%/85% Method, this would be subject to a .85 factor. Please ensure that the projected premium provided in this vector is not also included in the vector requested in Item (b) above.*

This has been added to column R of the attached Excel file.

- d) *Provide a column vector of the historical (from inception) and projected nationwide incurred claims on a calendar year basis.*

Please see column G of the attached Excel file.

- e) *Please ensure that the data provided is consistent with any post-rate stability loss ratio demonstrations in the actuarial memo.*

The formulas for the 58/85 test shown in row 77 reference the data provided.

- f) *Please provide the interest rate (or calendar-year interest rate vector) used to determine the accumulated and present values found in the post-rate stability loss ratio demonstrations in the actuarial memo.*

The valuation rate of 4.5% was used for all accumulated values and present values shown in the demonstrations and actuarial memorandum.

- 2) *The actuarial memo states the following: “The rate increase is needed in order to offset the higher-than-expected lifetime loss ratios caused by higher-than-expected policyholder persistency.”*

Please discuss further the adverse morbidity and persistency experience that resulted in the need for the current rate increase. In particular, discuss re-pricing assumptions that have changed from the last increase approved nationwide, discuss any changes due to internal experience studies, and discuss any changes due to updated consultant data.

The assumptions have not changed since the last rate increase filing. The full amount requested in that filing was not approved, and the purpose of this filing is to request the remaining portion.. Please see Section 23 of the actuarial memorandum for the results of the updated termination study which resulted in the same lapse assumption as the prior study.

- 3) *Has Covid 19 been factored into your projections?*

No.

- 4) *Please provide a seriatim listing of the affected policies in this block in Excel. Each record within the worksheet must contain the policy’s unique identification number, form number, issue age, issue date, inflation status indicator, benefit period, current annual premium, and requested premium increase in each year of the proposed implementation period.*

Please see the attached inforce file.

The Department has the following premium increase guidelines: (i) the annual increase on any policyholder should be limited to 30%, (ii) the staging period of the increase should be limited to no

more than four years, and (iii) the aggregate increase (weighted upon the current premium column vector in the Excel seriatim policy listing) must be under 100%.

The requested increase is a one-time rate increase of 16.67%.

- 5) *Please provide the percent of active policyholders remaining on a nationwide basis. How many policies were issued nationwide? How many policies remain in force nationwide?*

We do not have the exact number of originally issued policies due to an administrative system change many years ago, but estimate that there were a total of 1,001 policies issued. There are 600 premium paying policies currently in force nationwide.

- 6) *Please provide your best estimate of the date when the first letter will be mailed informing policyholders of this premium increase.*

The rate increase will be implemented as soon as possible after the required notice period but not prior to 1/1/2023.

- 7) *Please provide the rate increase history by state on this series (include a column that shows the cumulative increase by state) in an Excel spreadsheet.*

The current filing status, showing the rate increase history by state and implementation year, is attached as COF Gen 12 Filing Status as of 20221129.pdf.

- 8) *Have you included a margin for adverse experience in your projected claims? Is the margin uniform or does it vary in some way? Please explain.*

No margin is included in the projected claims.

- 9) *Please provide the weighted average increase experienced by the PA policies in force in this block. Please consider the re-pricing of FCLTC in 2000 in the calculation.*

All PA policies in force in this block have received increases totaling 135.21%. Only two PA policies were affected by the repricing of FCLTC, and the premium for each of them decreased as a result. Including the effect of repricing, the total effect of all past rate revisions over all of the policies remaining in force in PA is 125.72%

- 10) *Please provide a table in an Excel spreadsheet (perhaps similar to Exhibit D) which shows the historical and projected nationwide earned premium and incurred claims on a calendar year basis assuming no rate increase is granted. Please restate the historical and projected earned premium so that the business from inception appears to have been all been earned at the original rate level. The original rate level is the rate level that would have existed if no increase was ever granted on any policy nationwide.*

You provided an Excel spreadsheet called "COF PA Proj Exhibit 2022". If Columns P and G of that spreadsheet provide the requested data then simply confirm this fact.

Column P provides the earned premium restated to the original rate level. The incurred claims shown in Column G include ROP claims that reflect past rate increases. The data that would be needed to remove past rate increases from these claims is not readily available.

11) Please provide a copy of the contract language for policy forms FCNH, FCLTC, and FCLTC 2000 and all of the associated riders.

Copies of the forms have been added to the Supporting Documentation tab.

If you have any questions or would like to discuss any of the materials included in this filing, please feel free to contact me by telephone (262) 510-5776 or email at cbittner@uhasinc.com.

Sincerely,



Carolyn Bittner, FSA, MAAA
Consulting Actuary

UHAS
HEALTH ACTUARIES
A DIVISION OF RISK STRATEGIES



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

QUALIFIED LONG-TERM CARE INSURANCE POLICY

THIS POLICY IS A QUALIFIED LONG-TERM CARE INSURANCE CONTRACT UNDER THE FEDERAL TAX CODE. OUR CARE COORDINATOR MUST BE USED TO RECEIVE THE MAXIMUM BENEFITS UNDER THIS POLICY.

NOTICE TO BUYER: This Policy may not cover all of the costs associated with long-term care which may be incurred by You during the period of coverage. You are advised to periodically review this Policy in relation to the changes in the cost of long-term care and carefully review all Policy limitations.

We have issued this Policy to You in consideration of the statements made in Your application and payment of the first Premium.

Important Caution About Your Application: This Policy was issued based on Your answers to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, We may have the right to deny Benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, please contact Us at Catholic Order of Foresters, 355 Shuman Blvd P.O. Box 3012 Naperville, IL 60566-7012. Our Customer Service Representatives can be reached at (800)552-0145.

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Catholic Order of Foresters. This Policy meets the minimum requirements for long-term care in the state of Pennsylvania.

Non-Participating: This Policy does not participate in Our profits or surplus earnings.

GUARANTEED RENEWABLE: This Policy will remain in force over Your lifetime so long as Premiums are paid on time. The Premiums may change, but only if We change the Premium rates for all persons in the same payment class.

Any member expelled or suspended, except for non-payment of a Premium or within the contestable period for material misrepresentation in the application for membership or insurance, shall have the privilege of maintaining the Policy in force by continuing payment of the required Premium.

THIRTY (30) DAY FREE LOOK: If this Policy is not satisfactory for any reason, it can be returned to the agent within thirty (30) days of the date it was delivered. We will refund any Premium You have paid within thirty (30) days. The Policy will be considered to have never been issued.

READ YOUR POLICY CAREFULLY. It is a legal contract between You and Us. Signed for Catholic Order of Foresters at its Home Office in Naperville, Illinois.

High Secretary-Treasurer (Secretary)

High Chief Ranger-President

TABLE OF CONTENTS

	Page(s)
POLICY SCHEDULE.....	3
DEFINITIONS.....	4-8
BENEFITS.....	8-10
PREMIUM.....	10-11
GENERAL PROVISIONS.....	11
EXCLUSIONS.....	12
CLAIMS.....	12-14

A copy of Your application, added Benefits You have purchased, and any additional provisions are attached at the back of this Policy.

SCHEDULE

Policyholder Name:	[John Doe]	Policy Effective Date:	[03/01/96]
Policyholder Address:	[1234 Main Street]	Policyholder Issue Age:	[69]
	[Anytown, Anystate, US 99999]		
Policyholder Identification:	[123456789]		

COVERAGE DESCRIPTION

PREMIUM

QUALIFIED LONG-TERM CARE INSURANCE POLICY.....\$XX.XX

Elimination Period.....[20 Days][60 days][90 Days]

Maximum Lifetime Benefit.....[.....]

Maximum Daily Benefit[\$50.00-\$200.00]

ADDITIONAL BENEFITS:

Bed Reservation.....up to the Maximum Daily Benefit, for up to 21 days
per Calendar Year.

Hospice Care.....up to the Maximum Daily Benefit.

If You elect not to use the services of Our Care Coordinator, expenses will only be paid up to 80 % of the Maximum Daily Benefit and Your Plan of Care must be provided to Us at Your expense.

OPTIONAL RIDERS:

INFLATION PROTECTION RIDER.....[5% Compound][No] Benefit Increases.....[\$xx.xx]

NONFORFEITURE BENEFIT RIDER.....[Purchased][Declined].....[\$xx.xx]

10% SPOUSAL DISCOUNT.....[\$xx.xx]

10% PREFERRED DISCOUNT.....[\$xx.xx]

TOTAL ANNUAL PREMIUM.....[\$xx.xx]

PREMIUM PAYMENT METHOD.....[]

***One Year Guarantee:** This Policy will provide Benefits to cover at least 365 days worth of long-term care coverage for covered services subject to the applicable provisions of Your Policy.

DEFINITIONS

THE FOLLOWING WORDS HAVE SPECIAL MEANINGS. THEY ARE IMPORTANT IN DESCRIBING YOUR RIGHTS AND OUR RIGHTS UNDER THIS POLICY. REFER BACK TO THESE MEANINGS AS YOU READ YOUR POLICY.

ACTIVITIES OF DAILY LIVING: The following functions allowing for personal independence in everyday living are used as one measurement standard to determine Your eligibility for Benefits:

Bathing: Your ability to wash Yourself, including a sponge bath, with or without extra equipment.

Continence: Your ability to control bowel or bladder functions voluntarily, or to maintain a reasonable level of personal hygiene when You are not able to control Your bowel or bladder functions.

Dressing: Your ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and to unfasten them.

Eating: Your ability to get nourishment into Your body by any means once it has been prepared and made available to You.

Toileting: Your ability to go to and from the toilet and maintain a reasonable level of personal hygiene. This includes getting on and off the toilet and caring for clothing.

Transferring: Your ability to move in and out of a chair or bed.

ASSISTED LIVING FACILITY: An institution that is licensed by the appropriate federal or state agency to engage primarily in providing care and unscheduled services to at least ten (10) resident inpatients in one location and meets all of the following criteria:

1. provides twenty-four (24) hour a day care and services sufficient to support the needs of a Chronically Ill Individual; and
2. has a trained and ready to respond employee on duty at all times to provide that care and service; and
3. provides three (3) meals a day and accommodates special dietary needs; and
4. has arrangements with a physician or nurse to furnish medical care in the case of an emergency; and
5. has the appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications.

If an institution (such as a congregate care facility or life care community) has multiple licenses or multiple purposes, only the portion, ward, wing or unit (including a separate room or apartment) that specifically provides the above described care and meets all of the above requirements will qualify as an Assisted Living Facility.

BENEFITS: A monetary sum payable for Qualified Long-Term Care Service(s).

BENEFIT DETERMINATION ASSESSMENT: An in-person evaluation of Your functional level and cognitive status completed by a Licensed Health Care Practitioner at the time You file a claim.

CALENDAR YEAR: The period beginning on January 1st of any year and ending at 12:01 A.M. on January 1st of the following year.

CARE COORDINATOR: One of Our Licensed Health Care Practitioners that will help guide You and Your family through the claim process. This individual will be instrumental in helping to identify and obtain Qualified Long-Term Care Service(s).

CHRONICALLY ILL INDIVIDUAL: An individual who, within the prior twelve (12) months, has been certified by a Licensed Health Care Practitioner as being unable to perform without **Substantial Assistance** from another individual two (2) or more of the Activities of Daily Living for a period of at least ninety (90) days due to a loss of functional capacity (This 90 days is not a waiting period. Once Your Elimination Period is satisfied, this Policy will pay Benefits according to the applicable provisions as defined in this Policy); or an individual who has been certified by a Licensed Health Care Practitioner as requiring **Substantial Supervisory Assistance** to protect him or herself from threats to health and safety due to severe Cognitive Impairment.

Substantial Assistance: The support of another person who must provide physical hands-on assistance or who must be within arm's reach of You to prevent, by physical intervention if necessary, injury while You perform an Activity of Daily Living.

Substantial Supervisory Assistance: Continual supervision which may include cuing by verbal prompting, gestures, or other demonstrations by another person that is necessary to protect You from harming Yourself or others when You have a Cognitive Impairment.

COGNITIVE IMPAIRMENT: A deterioration or loss in Your intellectual capacity which places You in jeopardy of harming Yourself or others unless You receive assistance. Your Cognitive Impairment must be established by clinical evidence and standardized tests which reliably measure loss of:

1. Your short or long term memory; and
2. Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and
3. Your deductive or abstract reasoning; and
4. Your judgment as it relates to safety and awareness.

Cognitive Impairment can result from Alzheimer's Disease and similar forms of senility and irreversible loss of mental capacity.

CUSTODIAL CARE: Care primarily for meeting personal needs such as Activities of Daily Living. Custodial Care is not intended to restore health or ability to function and may be provided by someone without professional medical skills.

ELIMINATION PERIOD: The number of days for which no Benefit is payable. Your Elimination Period starts on the date that Benefits would otherwise begin and is in effect for the number of days shown on the Schedule page. The Elimination Period must be satisfied only once during the life of Your Policy.

HOSPICE FACILITY: An institution meeting the regulatory requirements for a Hospice Facility in the state where the services are rendered. If such state has no regulatory requirements, the agency must:

1. be primarily engaged in providing pain relief, symptom management and support service to dying persons and their families; and
2. provide Nursing Care under the supervision of a Registered Nurse.

HOSPITAL LONG-TERM CARE UNIT: An acute general hospital with wards, wing units or beds assigned for long-term care. Such a hospital must be certified or accredited by the state, Medicare or the Joint Commission on Accreditation of Health Care Organizations.

IMMEDIATE FAMILY: Anyone related to You in the following manner: spouse, brother or sister (includes stepbrother or stepsister), children (includes stepchildren), spouse of any of the above, parents (includes stepparents), or grandchildren.

INFLATION PROTECTION: An optional rider available to You at Policy issue that provides for Your Maximum Daily Benefit and Maximum Lifetime Benefit to increase to account for increases in the costs of Qualified Long-Term Care Services.

INTERMEDIATE CARE: Occasional nursing and rehabilitative care performed by, or under the supervision of, skilled medical personnel.

LICENSED HEALTH CARE PRACTITIONER: Any physician (as defined in section 1861(r)(1) of the Social Security Act), any Registered Nurse, and any Licensed Social Worker or other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

LONG-TERM CARE FACILITY: An institution which is licensed by the state where it is located and provides Skilled, Intermediate, Custodial, and Nursing Care on an in-patient basis under the supervision of a physician and/or licensed nurse and meets all of the following criteria:

1. provides twenty-four (24) hour-a-day nursing services under the supervision of a Registered Nurse, Licensed Vocational Nurse, or Licensed Practical Nurse; and
2. keeps a daily medical record of each patient; and
3. is either a freestanding facility or a distinct part of a facility such as a ward, wing unit, or swing-bed of a hospital or other institution.

It does not mean: a hospital or a place that primarily treats the mentally ill, drug addicts or alcoholics.

MAINTENANCE OR PERSONAL CARE: Care primarily for providing needed assistance to a Chronically Ill Individual including the protection from threats to health and safety due to Cognitive Impairment.

MAXIMUM DAILY BENEFIT: The dollar amount which We will use to determine the Benefit We will pay You for each day. The Maximum Daily Benefit is subject to increase when the Inflation Protection Rider is purchased.

MAXIMUM LIFETIME BENEFIT: The total amount of coverage available under this Policy to pay for all Qualified Long-Term Care Services. It applies to the combined total of all Benefit payments. The amount that applies on the Effective Date of the Policy is shown on the Schedule. The Maximum Lifetime Benefit is subject to increase when the Inflation Protection Rider is purchased.

MEDICARE: The Health Insurance for Aged Act, Title XVIII of the Social Security Act Amendments of 1965, as Constituted and Later Amended.

MENTAL OR NERVOUS DISORDER: Condition of neurosis, psychoneurosis, psychopathy, psychosis, psychiatric or emotional disease or disorder.

NON-FORFEITURE BENEFIT: An optional rider available to You at Policy issue that provides a shortened benefit period providing paid-up long-term care insurance coverage in the event Your Policy should lapse.

NURSING CARE: Services providing Skilled or Intermediate Care provided by one or more of the following health care professionals: Registered Nurse, Licensed Vocational Nurse, Licensed Practical Nurse, Physical Therapist, Occupational Therapist, Speech Therapist, Respiratory Therapist, Medical Social Worker or Registered Dietitian.

PLAN OF CARE: A written guide for Qualified Long-Term Care Services designed especially for You that:

1. fairly, accurately and appropriately addresses Your needs for long-term care;
2. is acceptable to You and Your physician; and
3. utilizes Qualified Long-Term Care Services.

The Plan of Care will specify the type, frequency and providers of all the services You require. The Plan of Care must be prescribed by a Licensed Health Care Practitioner.

The Plan of Care is to be completed once You have met the Benefit Eligibility requirements and expect to incur expenses under this Policy. Your Plan of Care may need to be updated periodically as appropriate based on Your condition.

Your Plan of Care will be completed at Our expense if it is developed by Us. If You elect not to utilize the services of Our Care Coordinators, Your expenses will only be paid up to 80% of the Maximum Daily Benefit and Your Plan of Care must be provided to Us at Your expense.

PROOF OF LOSS: Written documentation which describes and confirms the Qualified Long-Term Care Services You are receiving by Providers.

POLICY: This legal agreement between You and Us, including this document, Your application, and any riders or endorsements.

PROVIDER(S): Any licensed or certified Assisted Living Facility, Hospice Facility, Hospital Long-Term Care Unit or Long-Term Care Facility able to provide Qualified Long-Term Care Services as defined in this Policy.

QUALIFIED LONG-TERM CARE: Services for necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services and maintenance or personal care services which are required by a Chronically Ill Individual.

SKILLED CARE: Daily care performed by, or under the supervision of, licensed health care personnel.

YOU, YOUR, YOURSELF, OWNER: The person to whom this Policy is issued and whose name appears on the Schedule page.

WE, US, OUR: Catholic Order of Foresters.

BENEFITS

We provide Benefits for Qualified Long-Term Care Services when You are a Chronically Ill Individual subject to Your Plan of Care, Your Maximum Lifetime Benefit and Your Maximum Daily Benefit as listed on the Schedule page.

HOSPICE CARE: A planned program for meeting Your care needs if You are terminally ill. Terminally ill means there is no reasonable prospect of cure and You have a life expectancy, as estimated by one or more physicians, of twelve (12) months or less.

We will provide Benefits for the cost You incur for Hospice Care up to Your Maximum Daily Benefit. This Benefit is subject to Your Maximum Lifetime Benefit.

Hospice Care must be provided by an organization that is licensed to provide such care and is limited to those services received by You.

FACILITY BENEFITS: We will provide Benefits for the cost You incur for care provided in a Long-Term Care Facility, Hospice Facility, Hospital Long-Term Care Unit or Assisted Living Facility up to Your Maximum Daily Benefit. This benefit is subject to your Maximum Lifetime Benefit.

BENEFITS WHEN YOU USE OUR CARE COORDINATORS: If You choose to utilize the services of Our Care Coordinators, We will:

1. Pay expenses up to 100% of the Maximum Daily Benefit for Qualified Long-Term Care Services;
2. Develop, at Our expense, an appropriate Plan of Care for You;
3. Assist in arranging needed services for You; and
4. This service will be provided at no cost to You and will not count toward Your Maximum Lifetime Benefit amount.

BENEFITS WHEN YOU DO NOT USE OUR CARE COORDINATORS: In lieu of the above, the following applies if You choose not to utilize the services of Our Care Coordinators, We will:

1. Pay expenses up to 80% of the Maximum Daily Benefit for Qualified Long-Term Care Services; and
2. You will be responsible for providing Us with certification by a Licensed Health Care Practitioner that You are Chronically Ill, a Plan of Care that specifies the type, frequency and Providers of Qualified Long-Term Care Services You require, and any ongoing required certification(s) and assessment(s) must be completed at Your expense.

This Policy provides its fullest coverage only when the Plan of Care is prepared and pre-certified by Our Care Coordinator(s) and as stated in the "Benefits" section under "Benefits When You Choose Not to Use Our Care Coordinators," reduced Benefits are payable when You use a Plan of Care from another Licensed Health Care Practitioner.

BENEFIT ELIGIBILITY: You must be certified as a Chronically Ill Individual pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner and this certification must be made at least annually thereafter.

We will work with You, Your Immediate Family, Your physician and other caregivers to obtain information about Your health and the degree to which You need Qualified Long-Term Care Services. We will then review that information to determine Your eligibility for Benefits.

If the eligibility requirement is satisfied, We will, subject to certain limitations described in this Policy, pay Benefits, as listed on the Schedule, for costs You incur for Qualified Long-Term Care Services. The amount of Benefits paid depends upon the type of Qualified Long-Term Care Services provided and whether or not You are using Our Care Coordinator's services. In addition, **no Benefits are payable once Your Maximum Lifetime Benefit is reached.**

If You have any questions about Our determinations, You may call or write Us: Catholic Order of Foresters, 355 Shuman Boulevard, P.O. Box 3012, Naperville, Illinois 60566-7012. Our Customer Service Representatives can be reached toll-free at 1-800-552-0145.

ALTERNATIVE CARE BENEFIT: If You qualify for coverage under this Policy, We may pay for Alternative Care Benefits under this provision. The Benefits must be for Qualified Long-Term Care Services that are medically acceptable, cost-effective, based on Your Plan of Care, and agreed to by You and by Us.

You maintain the right to discontinue an Alternative Care Benefit and resume receiving Benefits as defined in this Policy.

BED RESERVATION BENEFIT: If You are receiving Qualified Long-Term Care Services in a facility covered under this Policy and must be hospitalized temporarily, We will pay the facility the actual room rate up to Your Maximum Daily Benefit, for up to twenty-one (21) days per Calendar Year.

WAIVER OF PREMIUM: After Benefits have been paid by Us for ninety (90) consecutive days, You will not be required to continue to pay Premiums due in order to keep this Policy in force as long as: (a) You continue to receive Qualified Long-Term Care Services for the same condition(s) for which You were confined; and (b) You have not reached Your Maximum Lifetime Benefit, as shown on the Schedule page.

Once Benefits cease, Premium payments begin again if Your Policy is to remain in force.

EXTENSION OF BENEFITS: If Your Policy lapses while You are receiving Qualified Long-Term Care Services, it will not affect a claim beginning before the lapse. We will continue to provide Benefits for Qualified Long-Time Care Services beyond the date of the lapse for as long as You remain benefit eligible without interruption. This Extension of Benefits is subject to Your Maximum Lifetime Benefit, Maximum Daily Benefit, and all other included Policy provisions.

BENEFIT PAYMENTS: Payments for Qualified Long-Term Care Services will be made by Us directly to You once You become eligible for Benefits.

PORTABILITY: This Policy recognizes Qualified Long-Term Care Services provided to You anywhere in the United States by Providers duly licensed or certified in accordance with applicable state or federal law.

PREMIUM

PREMIUM AMOUNT: The payment due for this Policy is listed in the Schedule. If there is any change to the amount, We will notify You thirty (30) days in advance. No change will be made in the Premium Amount unless We change the Premium rates for all persons in the same payment class.

PAYMENT: Premium is to be paid in advance of the payment period indicated on Your Premium statement.

GRACE PERIOD: An initial Grace Period of thirty (30) days will be granted for each Premium that is unpaid on the due date. After thirty (30) days, a notice will be sent to You explaining that You have missed payment and that Your Policy risks lapsing. You will have an additional thirty-five (35) days from the date We mail such notice to You to pay any unpaid Premium. Payment will allow Your Policy to continue in force without interruption. Failure to pay any unpaid Premium by the end of this thirty-five (35) day period will result in the termination of Your Policy.

You may designate an individual to be notified of lapse or termination. In addition to You, We will also send notice to the address You provided for that designee.

REINSTATEMENT: If You fail to pay Your Premium within the Grace Period and We accept a subsequent Premium payment without requiring an application for reinstatement, Your Policy will be reinstated.

If We require an application for reinstatement and issue a conditional receipt for the accepted Premium, Your Policy will be reinstated upon approval of Your application for reinstatement; or, lacking such approval, Your Policy will be reinstated upon the forty-fifth (45) day following the date of such conditional receipt, unless We have notified You in writing of the disapproval of Your application for reinstatement.

The reinstated Policy will cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such sickness as may begin more than ten (10) days after such date.

If Your Policy is reinstated, You must pay the Premium retroactively to the date the Policy terminated.

REINSTATEMENT FOR CHRONICALLY ILL: If You fail to pay Your Premium within the Grace Period because You are Chronically Ill, You may request reinstatement up to six (6) months after termination of Your Policy.

Your physician must submit proof that You are a Chronically Ill Individual and that caused You to fail to pay Your Premium. We will require evidence of clinical diagnosis or tests demonstrating that You were a Chronically Ill Individual at the time of Policy termination before deciding on reinstatement.

If Your Policy is reinstated, You must pay the Premium due retroactively to the date Your Policy terminated. No Benefits will be paid for care or services received prior to the date We receive evidence from Your physician of Your loss.

UNEARNED PREMIUM: If Your Policy terminates, We will refund the portion of any Premiums You paid which were to apply to periods following the termination. We will pay the refund directly to You or Your estate.

GENERAL PROVISIONS

ENTIRE POLICY, CHANGES: This Policy document, Your application, the Constitution and By-Laws of the Order and any riders and attached papers establishes a legal agreement between You and Us. Any change must be approved by one of Our officers and mutually agreed to by You. It must also be endorsed on or attached to this Policy. **No insurance agent has the authority to change this Policy or to waive any of its provisions.** The By-Laws may change in the future and all such changes are part of this contract. No change in the By-Laws will reduce the Benefits under this Policy except as stated in the Maintenance of Reserve.

MAINTENANCE OF RESERVE: If the payments received from all policyholders should be less than the amount required to pay claims and other Benefits and maintain the reserves required by law, this Policy may be assessed. The Order will determine the fair share of the total amount required and bill accordingly. Any such assessment will be a debt against this Policy until paid. Interest will be charged on any such unpaid debt at the rate of 5% annually until it is paid. The amount of any such debt is limited to the value of this Policy. The Owner will not be held personally liable for it.

YOUR BENEFITS: Only Benefits directly related to the cost You incur for Your Qualified Long-Term Care needs are paid under this Policy.

WHEN YOUR POLICY COVERAGE BEGINS: The date that Your coverage under this Policy begins is listed in the Schedule. All time periods begin and end at 12:01 a.m. at the place of Your residence.

WHEN YOUR POLICY COVERAGE ENDS: When one of the following occurs, You will no longer be entitled to Benefits under this Policy:

1. nonpayment of Premium (subject to the Grace Period and Waiver of Premium requirements); or
2. Maximum Lifetime Benefits are exhausted; or
3. You elect to terminate this Policy; or
4. We terminate this Policy for fraud; or
5. Your death.

EXCLUSIONS

This Policy will not pay any expenses incurred, including room and board, care, treatment, services, equipment or other items, for the following:

1. services for mental or nervous disorders without demonstrable organic disease; however, this does not exclude or limit benefits for Alzheimer's Disease or other organic brain disorders; or
2. substance abuse treatment for alcohol or drug addiction; or
3. treatment for illness or medical condition arising out of war or any act of war, declared or undeclared; or
4. services for intentionally self-inflicted injury; or
5. treatment provided in a government facility, unless a charge is made and the insured is legally obligated to pay; or
6. services for which benefits are available under Medicare or other governmental program, except Medicaid; any state or federal workers' compensation, employer's liability or occupational disease law; a motor vehicle no-fault law; or
7. services provided by a member of Your Immediate Family; or
8. services for which no charge is normally made in the absence of insurance; or
9. services not included in Your Plan of Care.

NON-DUPLICATION: This Policy will not pay or reimburse expenses You incur for services or items to the extent that such expenses are reimbursable under Medicare (or would be so reimbursable but for application of a deductible or coinsurance amount) or under any federal, state, or other governmental health care plan or law (except Medicaid).

CLAIMS

NOTICE OF A CLAIM: Please notify Us immediately, or as soon as possible, when You believe You need care or services covered under this Policy. Please call Our Customer Service Representatives at (800)552-0145.

CLAIM FORMS: You must tell Us in writing when You are requesting that Benefits be paid under this Policy. We must receive the notice within sixty (60) days of the date the covered condition(s) occur(s) which meet the Benefit Eligibility requirements or as soon after that as reasonably possible. The notice should include at least Your name, Your Policyholder Identification Number, and the address to which the claim forms are to be sent to file Your Proof of Loss.

PROOF OF LOSS: Written Proof of Loss should be given to Us within ninety (90) days after the end of each month for which Benefits are to be paid. We will send claim forms to You to provide this Proof of Loss. If You do not have claim forms, the requirement for proof can be met by giving Us a written statement including the following: Your name, address, Policy number, the Qualified Long-Term Care Services You are receiving, name and address of the Provider(s) rendering those services, a copy of the bill for the service(s), and the time periods for which You are claiming Benefits.

During Your claim, We can be responsible for Your benefit planning which will provide You with access to Our Care Coordinators who can work with You, Your Immediate Family, and Your physician to determine and monitor an appropriate Plan of Care for You.

If You elect not to utilize Our Care Coordinator services, then all assessment(s), certification(s) and Plans of Care must be provided to Us at Your expense.

All claims must be for Qualified Long-Term Care Services provided under Your Plan of Care. Written Proof of Loss must be submitted within ninety (90) days of the date the Qualified Long-Term Care Service(s) were rendered. If this is not possible, Your claim will not be affected. However, unless You are legally incapable, You must provide Us with the appropriate Proof of Loss within one (1) year.

TIME PAYMENT OF CLAIMS: After We receive the proper written claim, We will pay any Benefit(s) then due immediately.

If We contest a claim or a portion of a claim, You or Your assignee will be notified in writing that a claim is contested or denied within fifteen (15) days after having received Your claim.

The notice that the claim is being contested will identify the contested portion of the claim and the reasons for contesting the claim. Upon receiving any additional information requested by Us, We will pay or deny the contested claim or portion thereof immediately.

PAYMENT OF CLAIMS: All Benefits will be paid directly to You for costs incurred for Qualified Long-Term Care Services.

If the Benefit paid was based on information that is later found to be incorrect, such Benefit will be adjusted on the basis of the correct information. Overpayments by Us will be charged against future Benefit payments. Underpayments will be added to future Benefit payments.

INCONTESTABLE PERIOD: During the first six (6) months Your Policy is in force, We may rescind Your Policy or deny an otherwise valid Qualified Long-Term Care insurance claim upon showing of misrepresentation by You that was material to the acceptance for coverage.

After six (6) months but before two (2) years of Policy coverage, We may rescind Your Policy or deny an otherwise valid Qualified Long-Term Care insurance claim upon a showing of misrepresentation that was both material to the acceptance of coverage and which pertained to the condition for which Benefits are sought.

After Your Policy has been in force for two (2) years, We may rescind Your Policy or deny an otherwise valid Qualified Long-Term Care insurance claim only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

We will refund the full amount of any Premium paid and this Policy will be considered void from the start if We rescind Your Policy.

MISSTATEMENT OF AGE: If the age or sex of a member or of any other person is considered in determining the Premium and it is found at any time before final settlement under the Policy that the age or sex was misstated, and the discrepancy and the Premium involved have not been adjusted, the amount payable under the Policy shall be such as the Premium would have purchased at the correct age and sex. If the correct age was not an insurable age under the society's charter or laws, only the Premiums paid to the society, less any payments previously made to the member, shall be returned or, at the option of the society, the amount payable under the Policy shall be such as the Premium would have purchased at the correct age according to the society's promulgated rates and any extension thereof based on actuarial principals.

WHEN YOU HAVE CLAIM QUESTIONS: If You have questions regarding a claim or would like an explanation of claim payment, please call or write Us: Catholic Order of Foresters, 355 Shuman Boulevard, P.O. Box 3012, Naperville, Illinois 60566-7012. Our Customer Service Representatives can be reached toll-free at 1-800-552-0145.

YOUR APPEAL RIGHTS: If You disagree with a claim determination because We have partially or fully denied benefits, You may file an appeal. Include Your reason for the appeal and any documents that You feel are pertinent to Your situation. Your request should be sent to Our office within three (3) years of the time of filing written Notice of Claim.

We will make a benefit determination, independent of the original determination, using Your medical records and the provisions of Your Policy. You will receive a written decision from Us within sixty (60) days of Our receipt of Your appeal request.

TIME LIMIT FOR LEGAL ACTION: Legal action cannot be initiated before sixty (60) days after a written claim has been given to Us. Your time limit to commence any action is three (3) years after the time written claim is furnished.

PHYSICAL EXAMINATION: We may require You to undergo a physical examination or a Benefit Determination Assessment when reasonably required while a claim is pending.

CONFORMITY WITH FEDERAL AND STATE STATUTES: Any provision of this Policy which, on its Effective Date is in conflict with the federal statutes pertaining to Qualified Long-Term Care insurance or the statutes of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such statutes.

FEDERAL INCOME TAX TREATMENT OF THIS POLICY: Long-term care insurance was granted favorable federal income tax treatment under the Health Insurance Portability and Accountability Act of 1996. Policies meeting certain criteria outlined in this Act are eligible for such treatment. To the best of Our knowledge, We have designed this Policy to meet the requirements of this new law. This Policy is intended to be a Qualified Long-Term Care insurance contract under Section 7702B(b) of the Internal Revenue Code. If, in the future, it is determined that this Policy does not meet those requirements, We will make every reasonable effort to amend the Policy if We are required to do so in order to gain such favorable federal income tax treatment. We will offer You an opportunity to receive these amendments.



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

NON-FORFEITURE BENEFIT RIDER

This rider is part of the Policy and is subject to all Policy provisions.

After Your Policy has been in force for three (3) years, this Non-forfeiture Benefit provides for continuation of coverage during Your lifetime if You stop paying Premiums. The Benefits payable for Qualified Long-Term Care services, which begin after the Effective Date of Your Policy, as defined below, will be subject to the following limits:

1. The Maximum Daily Benefit amount will be the amount in effect on the date of Policy termination.
2. The Maximum Lifetime Benefit Catholic Order of Foresters will pay for all Qualified Long-Term Care Services You receive after the Effective Date of Your Policy is the greater of:
 - a. 100% of the sum of all Premiums paid for this Policy and any attached riders, including the Premiums paid prior to any changes in Benefits; or
 - b. thirty (30) times the Maximum Daily Benefit Amount in effect on the date of Policy termination.

The total of Benefits payable under Your Policy for a period of care, including this Non-forfeiture Benefit will not exceed the Maximum Lifetime Benefit stated on the Schedule page of Your Policy.

Claims paid while the Policy is in Premium paying status will not be subtracted from the sum of the Premiums.

If inflation protection was purchased, it will be discontinued when Premium payments cease.

Benefits will be payable in accordance with all other terms and conditions of Your Policy.

This rider is effective on the Effective Date shown on the Schedule.

The Premium amount for this rider is shown on the Schedule.

The Benefits under this rider will terminate when the first of the following occurs:

1. the Policy terminates;
2. at the end of the Grace Period if Premium for the rider is not paid.

The Catholic Order of Foresters promises to pay the Benefits described in this rider subject to its conditions and provisions. Signed for Catholic Order of Foresters at its Home Office in Naperville, Illinois.

High Secretary – Treasurer (Secretary)

High Chief Ranger – President



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

QUALIFIED LONG-TERM CARE INSURANCE POLICY

THIS POLICY IS A QUALIFIED LONG-TERM CARE INSURANCE CONTRACT UNDER THE FEDERAL TAX CODE.

We have issued this Policy to You in consideration of the statements made in Your application and payment of the first Premium.

Important Caution About Your Application: This Policy was issued based on Your answers to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, We may have the right to deny Benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, please contact Us at Catholic Order of Foresters, 355 Shuman Blvd P.O. Box 3012 Naperville, IL 60566-7012. Our customer service representatives can be reached at (800)552-0145.

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Catholic Order of Foresters. This Policy meets the minimum requirements for Long-Term Care in the state of Pennsylvania.

Non-Participating: This Policy does not participate in Our profits or surplus earnings.

GUARANTEED RENEWABLE: This Policy will remain in force over Your lifetime so long as Premiums are paid on time. The Premiums may change, but only if We change the Premium rates for all persons in the same payment class.

Any member expelled or suspended, except for non-payment of a premium or within the contestable period for material misrepresentation in the application for membership or insurance, shall have the privilege of maintaining the policy in force by continuing payment of the required premium.

THIRTY (30) DAY FREE LOOK: If this Policy is not satisfactory for any reason, it can be returned to the agent within thirty (30) days of the date it was delivered. We will refund any Premium You have paid. The Policy will be considered to have never been issued.

NOTICE TO BUYER: This Policy may not cover all of the costs associated with long term care which may be incurred by You during the period of coverage. You are advised to periodically review this Policy in relation to the changes in the cost of long-term care and carefully review all Policy limitations.

READ YOUR POLICY CAREFULLY. It is a legal contract between You and Us. Signed for Catholic Order of Foresters at its Home Office in Naperville, Illinois.

High Secretary-Treasurer (Secretary)

High Chief Ranger-President

TABLE OF CONTENTS

	Page(s)
POLICY SCHEDULE.....	3
DEFINITIONS.....	4-9
BENEFITS.....	9-12
PREMIUM.....	12-13
GENERAL PROVISIONS.....	13-14
EXCLUSIONS.....	14
CLAIMS.....	15-17

A copy of Your application, added Benefits You have purchased, and any additional provisions are attached at the back of this Policy.

DEFINITIONS

THE FOLLOWING WORDS HAVE SPECIAL MEANINGS. THEY ARE IMPORTANT IN DESCRIBING YOUR RIGHTS AND OUR RIGHTS UNDER THIS POLICY. REFER BACK TO THESE MEANINGS AS YOU READ YOUR POLICY.

ACTIVITIES OF DAILY LIVING: The following functions allowing for personal independence in everyday living are used as one measurement standard to determine Your eligibility for Benefits:

Bathing: Your ability to wash Yourself, including a sponge bath, with or without extra equipment.

Continence: Your ability to control bowel or bladder functions voluntarily, or to maintain a reasonable level of personal hygiene when You are not able to control Your bowel or bladder functions.

Dressing: Your ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and to unfasten them.

Eating: Your ability to get nourishment into Your body by any means once it has been prepared and made available to You.

Toileting: Your ability to go to and from the toilet and maintain a reasonable level of personal hygiene. This includes getting on and off the toilet and caring for clothing.

Transferring: Your ability to move in and out of a chair or bed.

ADULT DAY CARE: A program of social and health-related services for six or more individuals which are provided during the day in a community group setting.

ADULT DAY CARE CENTER: An institution that is licensed to provide Adult Day Care in accordance with state laws in which preventive, remedial, and restorative services are provided in a protective environment for part of the twenty-four (24) hour day.

If licensing is not required, Adult Day Care Center means a place that:

1. provides Adult Day Care; and
2. maintains a daily written record of each client who receives services; and
3. has a staff including, at least, a director, one full-time Registered Nurse, Licensed Vocational Nurse or Licensed Practical Nurse, and enough full-time staff to maintain no more than an eight (8) to one (1) client-staff ratio; and
4. has established procedures for obtaining appropriate aid in the event of a medical emergency.

ASSISTED LIVING FACILITY: An institution that is licensed by the appropriate federal or state agency to engage primarily in providing care and unscheduled services to at least ten (10) resident inpatients in one location and meets all of the following criteria:

1. provides twenty-four (24) hour a day care and services sufficient to support the needs of a Chronically Ill Individual; and
2. has a trained and ready to respond employee on duty at all times to provide that care and service; and
3. provides three meals a day and accommodates special dietary needs; and
4. has arrangements with a doctor or nurse to furnish medical care in the case of an emergency; and
5. has the appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications.

If an institution (such as a congregate care facility or life care community) has multiple licenses or multiple purposes, only the portion, ward, wing or unit (including a separate room or apartment) that specifically provides the above described care and meets all of the above requirements will qualify as an Assisted Living Facility.

BENEFITS: A monetary sum payable for Qualified Long-Term Care Service(s).

BENEFIT DETERMINATION ASSESSMENT: An in-person evaluation of Your functional level and cognitive status completed by a Licensed Health Care Practitioner at the time You file a claim.

CALENDAR YEAR: The period beginning on January 1st of any year and ending at 12:01 A.M. on January 1st of the following year.

CARE COORDINATOR: One of Our Licensed Health Care Practitioners that will help guide You and Your family through the claim process. This individual will be instrumental in helping to identify and obtain Qualified Long-Term Care Service(s).

CHRONICALLY ILL INDIVIDUAL: An individual who, within the prior twelve (12) months, has been certified by a Licensed Health Care Practitioner as being unable to perform without **Substantial Assistance** from another individual two (2) or more of the Activities of Daily Living for a period of at least ninety (90) days due to a loss of functional capacity (This 90 days is not a waiting period. Once Your Elimination Period is satisfied, this Policy will pay Benefits according to the applicable provisions as defined in this Policy.); or an individual who has been certified by a Licensed Health Care Practitioner as requiring **Substantial Supervisory Assistance** to protect him or herself from threats to health and safety due to severe Cognitive Impairment.

Substantial Assistance: The support of another person who must provide physical hands-on assistance or who must be within arm's reach of You to prevent, by physical intervention if necessary, injury while You perform an Activity of Daily Living.

Substantial Supervisory Assistance: Continual supervision which may include cuing by verbal prompting, gestures, or other demonstrations by another person that is necessary to protect You from harming Yourself or others when You have a Cognitive Impairment.

COGNITIVE IMPAIRMENT: A deterioration or loss in Your intellectual capacity which places You in jeopardy of harming Yourself or others unless You receive assistance. Your Cognitive Impairment must be established by clinical evidence and standardized tests which reliably measure loss of:

1. Your short or long term memory; and
2. Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and
3. Your deductive or abstract reasoning; and
4. Your judgment as it relates to safety and awareness.

Cognitive Impairment can result from Alzheimer's Disease and similar forms of senility and irreversible loss of mental capacity.

CUSTODIAL CARE: Care primarily for meeting personal needs such as Activities of Daily Living. Custodial Care is not intended to restore health or ability to function and may be provided by someone without professional medical skills.

ELIMINATION PERIOD: The number of days for which no Benefit is payable. Your Elimination Period starts on the date that Benefits would otherwise begin and is in effect for the number of days shown on the Schedule page. The Elimination Period must be satisfied only once during the life of Your policy.

HOME HEALTH CARE: Qualified Long-Term Care Services provided to a Chronically Ill Individual in their residence. These services include homemaker services, adult day care services, assistance with Activities of Daily Living, and Respite Care services.

HOSPICE FACILITY: An institution meeting the regulatory requirements for a Hospice Facility in the state where the services are rendered. If such state has no regulatory requirements, the agency must:

1. be primarily engaged in providing pain relief, symptom management and support service to dying persons and their families; and
2. provide Nursing Care under the supervision of a Registered Nurse.

HOSPITAL LONG-TERM CARE UNIT: An acute general hospital with wards, wing units or beds assigned for Long-Term Care. Such a hospital must be certified or accredited by the state, Medicare or the Joint Commission on Accreditation of Health Care Organizations.

IMMEDIATE FAMILY: Anyone related to You in the following manner: spouse, brother or sister (includes stepbrother or stepsister), children (includes stepchildren), spouse of any of the above, parents (includes stepparents), or grandchildren.

INFLATION PROTECTION: An optional rider available to You at Policy issue that provides for Your Maximum Daily Benefit and Maximum Lifetime Benefit to increase to account for increases in the costs of Qualified Long-Term Care Services.

INFORMAL CAREGIVER: A person who has the primary responsibility for caring for You at Your home. A person who is paid for caring for You is not an Informal Caregiver.

INTERMEDIATE CARE: Occasional nursing and rehabilitative care performed by, or under the supervision of, skilled medical personnel.

LICENSED HEALTH CARE PRACTITIONER: Any physician (as defined in section 1861(r)(1) of the Social Security Act), any Registered Nurse, and any Licensed Social Worker or other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

LONG-TERM CARE FACILITY: An institution which is licensed by the state where it is located and provides Skilled, Intermediate, Custodial, and Nursing Care on an in-patient basis under the supervision of a physician and/or licensed nurse and meets all of the following criteria:

1. provides twenty-four (24) hour-a-day nursing services under the supervision of a Registered Nurse, Licensed Vocational Nurse, or Licensed Practical Nurse; and
2. keeps a daily medical record of each patient; and
3. is either a freestanding facility or a distinct part of a facility such as a ward, wing unit, or swing-bed of a hospital or other institution.

It does not mean: a hospital or a place that primarily treats the mentally ill, drug addicts or alcoholics.

MAINTENANCE OR PERSONAL CARE: Care primarily for providing needed assistance to a Chronically Ill Individual including the protection from threats to health and safety due to Cognitive Impairment.

MAXIMUM DAILY BENEFIT: The dollar amount which We will use to determine the Benefit We will pay You for each day. The Maximum Daily Benefit is subject to increase when the Inflation Protection Rider is purchased.

MAXIMUM LIFETIME BENEFIT : The total amount of coverage available under this Policy to pay for all Qualified Long-Term Care Services. It applies to the combined total of all Benefit payments. The amount that applies on the Effective Date of the Policy is shown. The Maximum Lifetime Benefit is subject to increase when the Inflation Protection Rider is purchased.

MEDICARE: The Health Insurance for Aged Act, Title XVIII of the Social Security Act Amendments of 1965, as Constituted and Later Amended.

MENTAL OR NERVOUS DISORDER: Condition of neurosis, psychoneurosis, psychopathy, psychosis, psychiatric or emotional disease or disorder.

NON-FORFEITURE BENEFIT: An optional rider available to You at Policy issue that provides a shortened benefit period providing paid-up long-term care insurance coverage in the event Your Policy should lapse.

NURSING CARE: Services providing Skilled or Intermediate Care provided by one or more of the following health care professionals: Registered Nurse, Licensed Vocational Nurse, Licensed Practical Nurse, Physical Therapist, Occupational Therapist, Speech Therapist, Respiratory Therapist, Medical Social Worker or Registered Dietitian.

PLAN OF CARE: A written guide for Qualified Long-Term Care Services designed especially for You that:

1. fairly, accurately and appropriately addresses Your needs for Long-Term Care;
2. is acceptable to You and Your doctor; and
3. utilizes Qualified Long-Term Care Services.

The Plan of Care will specify the type, frequency and providers of all the services You require. The Plan of Care must be prescribed by a Licensed Health Care Practitioner.

The Plan of Care is to be completed once You have met the Benefit Eligibility requirements and expect to incur expenses under this Policy. Your Plan of Care may need to be updated periodically as appropriate based on Your condition.

Your Plan of Care will be completed at Our expense if it is developed by Us. If You elect not to utilize the services of Our Care Coordinators, Your expenses will only be paid up to 80% of the Maximum Daily Benefit amounts and Your Plan of Care must be provided to Us at Your expense.

PROOF OF LOSS: Written documentation which describes and confirms the Qualified Long-Term Care Services You are receiving by Providers.

POLICY: This legal agreement between You and Us, including this document, Your application, and any Riders or endorsements.

PREVAILING EXPENSES: Expenses, fees or charges You actually incur that do not exceed the level of charges normally made for similar care, service or other items provided to persons with comparable medical conditions or impairments in the locality where they are received.

PROVIDER(S): Any licensed or certified health professional, Adult Day Care Center, Assisted Living Facility, Hospice Facility, Hospital Long-Term Care Unit, Long-Term Care Facility, or other entity, facility or person that is working within the scope of their license and are able to provide Qualified Long-Term Care Services as defined in this Policy.

QUALIFIED LONG-TERM CARE: Services for necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services and maintenance or personal care services which are required by a Chronically Ill Individual.

SKILLED CARE: Daily care performed by, or under the supervision of, licensed health care personnel.

YOU, YOUR: The person to whom this Policy is issued and whose name appears on the Schedule page.

WE, US, OUR: Catholic Order of Foresters.

BENEFITS

We provide Benefits for Qualified Long-Term Care Services when You are a Chronically Ill Individual subject to Your Plan of Care, Your Maximum Lifetime Benefit and Your Maximum Daily Benefit as listed on the Schedule page.

CAREGIVER TRAINING: We will provide Benefits for the cost You incur for Caregiver Training of an Informal Caregiver which makes it unnecessary for You to either be in a Long-Term Care Facility, Assisted Living Facility or to receive Home Health Care in Your home from a paid provider, up to the amount shown on the Schedule page.

HOME HEALTH CARE SERVICES: We will provide Benefits for the cost You incur for Home Health Care up to the amount shown on the schedule page. These services can be provided by any licensed or certified health professional or other person that has received the appropriate training and/or education and are able to provide Qualified Long-Term Care Services as defined in this Policy.

HOMEMAKER SERVICES: We will provide Benefits for any Qualified Long-Term Care Services which involve assistance that a person provides You that are necessary to or consistent with Your ability to perform the Activities of Daily Living.

These services include light work and household tasks, home repairs, meal preparation, doing laundry and other incidental tasks that You would normally perform but can no longer perform because You are Chronically Ill.

Instead of a Maximum Daily Benefit, You will receive a weekly benefit for Home Health Care costs You incur. This benefit will consist of a weekly (Monday through Sunday) maximum of seven (7) times Your Maximum Daily Benefit for Home Health Care charges received during the week. This benefit is subject to Your Maximum Lifetime Benefit.

HOSPICE CARE: A planned program for meeting Your care needs if You are terminally ill. Terminally ill means there is no reasonable prospect of cure and You have a life expectancy, as estimated by one or more physicians, of twelve (12) months or less.

We will provide Benefits for the cost You incur for Hospice Care up to Your Maximum Daily Benefit. This Benefit is subject to Your Maximum Lifetime Benefit.

Hospice Care must be provided by an organization that is licensed to provide such care and is limited to those services received by You.

RESPITE CARE: Nursing Care, Custodial Care or Hospice Care provided to You when those who normally care for You at home (generally family members, friends, neighbors, etc.) need relief from providing such care.

We will provide Benefits for the cost You incur for Respite Care up to Your Maximum Daily Benefit per day, up to twenty-one (21) days per calendar year. This Benefit is subject to Your Maximum Lifetime Benefit.

Depending on Your needs, coverage for Qualified Long-Term Care Services are provided in:

Long-Term Care Facilities, Hospital Long-Term Care Units, Assisted Living Facilities, Adult Day Care Centers, Your home:

BENEFITS WHEN YOU USE OUR CARE COORDINATORS: If You choose to utilize the services of Our Care Coordinators, We will:

1. Pay expenses up to 100% of the Maximum Daily Benefit amounts for Qualified Long-Term Care Services;
2. Develop, at Our expense, an appropriate Plan of Care for you;
3. Assist in arranging needed services for You; and
4. This service will be provided at no cost to You and will not count toward Your Maximum Lifetime Benefit amount.

BENEFITS WHEN YOU DO NOT USE OUR CARE COORDINATORS: In lieu of the above, the following applies if You choose not to utilize the services of Our Care Coordinators, We will:

1. Pay expenses up to 80% of the Maximum Daily Benefit amounts for Qualified Long-Term Care Services; and

2. You will be responsible for providing Us with certification by a Licensed Health Care Practitioner that You are Chronically Ill, a Plan of Care that specifies the type, frequency and Providers of Qualified Long-Term Care Services You require, and any ongoing required certification(s) and assessment(s) must be completed at Your expense

This Policy provides its fullest coverage only when the Plan of Care is prepared and pre-certified by Our Care Coordinator(s) and as stated in the "Benefits" section under "Benefits When You Choose Not to Use Our Care Coordinators," reduced Benefits are payable when You use a Plan of Care from another Licensed Health Care Practitioner.

BENEFIT ELIGIBILITY: You must be certified as a Chronically Ill Individual pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner and this certification must be made at least annually thereafter.

We will work with You, Your Immediate Family, Your Physician and other caregivers to obtain information about Your health and the degree to which You need Qualified Long-Term Care Services. We will then review that information to determine Your eligibility for Benefits.

If the eligibility requirement is satisfied, We will, subject to certain limitations described in this Policy, pay Benefits, as listed on the Schedule, for costs You incur for Qualified Long-Term Care Services. The amount of Benefits paid depends upon the type of Qualified Long-Term Care Services provided and whether or not You are using Our Care Coordinator's services. In addition, **no Benefits are payable once Your Maximum Lifetime Benefit is reached.**

If You have any questions about Our determinations, You may call or write Us: Catholic Order of Foresters, 355 Shuman Boulevard, P.O. Box 3012, Naperville, Illinois 60566-7012. Our customer service representatives can be reached toll-free at 1-800-552-0145.

ALTERNATIVE CARE BENEFIT: If You qualify for coverage under this Policy, We may pay for Alternative Care Benefits under this provision. The Benefits must be for Qualified Long-Term Care Services that are medically acceptable, cost-effective, based on Your Plan of Care, and agreed to by You and by Us.

You maintain the right to discontinue an Alternative Care Benefit and resume receiving Benefits as defined in this Policy.

BED RESERVATION BENEFIT: If You are receiving Qualified Long-Term Care Services in a Long-Term Care Facility and must be hospitalized temporarily, We will pay the facility a prevailing room rate, for up to twenty-one (21) days per calendar year.

WAIVER OF PREMIUM: After Long-Term Care Facility Benefits have been paid by Us for ninety (90) consecutive days, You will not be required to continue to pay Premiums due in order to keep this Policy in force as long as: (a) You continue to receive Qualified Long-Term Care Services in a Long-Term Care Facility for the same condition(s) for which You were confined; and (b) You have not reached Your Maximum Lifetime Benefit, as shown on the Schedule page.

Once Long-Term Care Facility Benefits cease, Premium payments begin again if Your Policy is to remain in force.

EXTENSION OF BENEFITS: If Your policy lapses while You are receiving Qualified Long-Term Care Services, it will not affect a claim beginning before the lapse. We will continue to provide Benefits for Qualified Long-Time Care Services beyond the date of the lapse for as long as You remain benefit eligible without interruption. This Extension of Benefits is subject to Your Maximum Lifetime Benefit, Maximum Daily Benefit, and all other included Policy provisions.

BENEFIT PAYMENTS: Payments for Qualified Long-Term Care Services will be made by Us directly to You once You become eligible for Benefits.

PORTABILITY: This Policy recognizes Qualified Long-Term Care Services provided to You anywhere in the United States by Providers duly licensed or certified in accordance with applicable state or federal law.

PREMIUM

PREMIUM AMOUNT: The payment due for this Policy is listed in the Schedule. If there is any change to the amount, We will notify You thirty (30) days in advance. No change will be made in the Premium Amount unless We change the Premium rates for all persons in the same payment class.

PAYMENT: Premium is to be paid in advance of the payment period indicated on Your Premium statement.

GRACE PERIOD: An initial Grace Period of thirty (30) days will be granted for each Premium that is unpaid on the due date. After thirty (30) days, a notice will be sent to You explaining that You have missed payment and that Your Policy risks lapsing. You will have an additional thirty-five (35) days from the date We mail such notice to You to pay any unpaid premium. Payment will allow Your Policy to continue in force without interruption. Failure to pay any unpaid premium by the end of this thirty-five (35) day period will result in the termination of Your Policy.

You may designate an individual to be notified of lapse or termination. In addition to You, We will also send notice to the address You provided for that designee.

REINSTATEMENT: If You fail to pay Your Premium within the Grace Period and we accept a subsequent Premium payment without requiring an application for reinstatement, Your Policy will be reinstated.

If We require an application for reinstatement and issue a conditional receipt for the accepted premium, Your Policy will be reinstated upon approval of Your application for reinstatement; or, lacking such approval, Your Policy will be reinstated upon the forty-fifth (45) day following the date of such conditional receipt, unless We have notified You in writing of the disapproval of Your application for reinstatement.

The reinstated Policy will cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such sickness as may begin more than ten (10) days after such date.

If Your Policy is reinstated, You must pay the premium retroactively to the date the Policy terminated.

REINSTATEMENT FOR CHRONICALLY ILL: If You fail to pay Your Premium within the Grace Period because You are Chronically Ill, You may request reinstatement up to six (6) months after termination of Your Policy.

Your physician must submit proof that You are a Chronically Ill Individual and that caused You to fail to pay Your Premium. We will require evidence of clinical diagnosis or tests demonstrating that You were a Chronically Ill Individual at the time of Policy termination before deciding on reinstatement.

If Your Policy is reinstated, You must pay the Premium due retroactively to the date Your Policy terminated. No Benefits will be paid for care or services received prior to the date We receive evidence from Your physician of Your loss.

UNEARNED PREMIUM: If Your Policy terminates, We will refund the portion of any premiums You paid which were to apply to periods following the termination. We will pay the refund directly to You or Your estate.

GENERAL PROVISIONS

ENTIRE POLICY, CHANGES: This Policy document, Your application, the Constitution and By-Laws of the Order and any Riders and attached papers establishes a legal agreement between You and Us. Any change must be approved by one of Our officers and mutually agreed to by You. It must also be endorsed on or attached to this Policy. **No insurance agent has the authority to change this Policy or to waive any of its provisions.** The By-Laws may change in the future and all such changes are part of this contract. No change in the By-Laws will reduce the Benefits under this Policy except as stated in the Maintenance of Reserve.

MAINTENANCE OF RESERVE: If the payments received from all policyholders should be less than the amount required to pay claims and other Benefits and maintain the reserves required by law, this Policy may be assessed. The Order will determine the fair share of the total amount required and bill accordingly. Any such assessment will be a debt against this Policy until paid. Interest will be charged on any such unpaid debt at the rate of 5% annually until it is paid. The amount of any such debt is limited to the value of this Policy. The Owner will not be held personally liable for it.

YOUR BENEFITS: Only Benefits directly related to the cost You incur for Your Long-Term Care needs are paid under this Policy.

WHEN YOUR POLICY COVERAGE BEGINS: The date that Your coverage under this Policy begins is listed in the Schedule. All time periods begin and end at 12:01 a.m. at the place of Your residence.

WHEN YOUR POLICY COVERAGE ENDS: When one of the following occurs, You will no longer be entitled to Benefits under this Policy:

1. nonpayment of Premium (subject to the Grace Period and Waiver of Premium requirements); or
2. Maximum Lifetime Benefits are exhausted; or
3. You elect to terminate this Policy; or
4. We terminate this Policy for fraud; or
5. Your death.

EXCLUSIONS

This Policy will not pay any expenses incurred, including room and board, care, treatment, services, equipment or other items, for the following:

1. services for mental or nervous disorders without demonstrable organic disease; however, this does not exclude or limit benefits for Alzheimer's Disease or other organic brain disorders; or
2. substance abuse treatment for alcohol or drug addiction; or
3. treatment for illness or medical condition arising out of war or any act of war, declared or undeclared; or
4. services for intentionally self-inflicted injury; or
5. treatment provided in a government facility, unless a charge is made and the insured is legally obligated to pay; or
6. services for which benefits are available under Medicare or other governmental program, except Medicaid; any state or Federal workers' compensation, employer's liability or occupational disease law; a motor vehicle no-fault law; or
7. services provided by a member of Your Immediate Family; or
8. services for which no charge is normally made in the absence of insurance; or
9. services not included in Your Plan of Care.

NON-DUPLICATION: This Policy will not pay or reimburse expenses You incur for services or items to the extent that such expenses are reimbursable under Medicare (or would be so reimbursable but for application of a deductible or coinsurance amount) or under any federal, state, or other governmental health care plan or law (except Medicaid).

CLAIMS

NOTICE OF A CLAIM: Please notify Us immediately, or as soon as possible, when You believe You need care or services covered under this Policy. Please call Our Customer Service Representatives at (800)552-0145.

CLAIM FORMS: You must tell Us in writing when You are requesting that Benefits be paid under this Policy. We must receive the notice within sixty (60) days of the date the covered condition(s) occur(s) which meet the benefit eligibility requirements or as soon after that as reasonably possible. The notice should include at least Your name, Your Policyholder Identification Number, and the address to which the claim forms are to be sent to file Your Proof of Loss.

PROOF OF LOSS: Written Proof of Loss should be given to Us within ninety (90) days after the end of each month for which Benefits are to be paid. We will send claim forms to You to provide this Proof of Loss. If You do not have claim forms, the requirement for proof can be met by giving Us a written statement including the following: Your name, address, Policy number, the Qualified Long-Term Care Services You are receiving, name and address of the Provider(s) rendering those services, a copy of the bill for the service(s), and the time periods for which You are claiming Benefits.

During Your claim, We can be responsible for Your benefit planning which will provide You with access to Our Care Coordinators who can work with You, Your Immediate Family, and Your doctor to determine and monitor an appropriate Plan of Care for You.

If You elect not to utilize Our Care Coordinator services, then all assessment(s), certification(s) and Plans of Care must be provided to Us at Your expense.

All claims must be for Qualified Long-Term Care Services provided under Your Plan of Care. Written Proof of Loss must be submitted within ninety (90) days of the date the Qualified Long-Term Care Service(s) were rendered. If this is not possible, Your claim will not be affected. However, unless You are legally incapable, You must provide Us with the appropriate Proof of Loss within one (1) year.

TIME PAYMENT OF CLAIMS: After We receive the proper written claim, We will pay any Benefit(s) then due immediately.

If We contest a claim or a portion of a claim, You or Your assignee will be notified in writing that a claim is contested or denied within fifteen (15) days after having received Your claim.

The notice that the claim is being contested will identify the contested portion of the claim and the reasons for contesting the claim. Upon receiving any additional information requested by Us, We will pay or deny the contested claim or portion thereof immediately.

PAYMENT OF CLAIMS: All Benefits will be paid directly to You for costs incurred for Qualified Long-Term Care Services.

If the Benefit paid was based on information that is later found to be incorrect, such Benefit will be adjusted on the basis of the correct information. Overpayments by Us will be charged against future Benefit payments. Underpayments will be added to future Benefit payments.

INCONTESTABLE PERIOD: During the first six (6) months Your Policy is in force, We may rescind Your Policy or deny an otherwise valid Long-Term Care insurance claim upon showing of misrepresentation by You that was material to the acceptance for coverage.

After six (6) months but before two (2) years of Policy coverage, We may rescind Your Policy or deny an otherwise valid Long-Term Care insurance claim upon a showing of misrepresentation that was both material to the acceptance of coverage and which pertained to the condition for which Benefits are sought.

After Your Policy has been in force for two (2) years, We may rescind Your Policy or deny an otherwise valid Long-Term Care insurance claim only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

We will refund the full amount of any Premium paid and this Policy will be considered void from the start if We rescind Your Policy.

MISSTATEMENT OF AGE: If the age or sex of a member or of any other person is considered in determining the premium and it is found at any time before final settlement under the policy that the age or sex was misstated, and the discrepancy and the premium involved have not been adjusted, the amount payable under the policy shall be such as the premium would have purchased at the correct age and sex. If the correct age was not an insurable age under the society's charter or laws, only the premiums paid to the society, less any payments previously made to the member, shall be returned or, at the option of the society, the amount payable under the policy shall be such as the premium would have purchased at the correct age according to the society's promulgated rates and any extension thereof based on actuarial principals.

WHEN YOU HAVE CLAIM QUESTIONS: If You have questions regarding a claim or would like an explanation of claim payment, please call or write Us: Catholic Order of Foresters, 355 Shuman Boulevard, P.O. Box 3012, Naperville, Illinois 60566-7012. Our customer service representatives can be reached toll-free at 1-800-552-0145.

YOUR APPEAL RIGHTS: If You disagree with a claim determination because We have partially or fully denied benefits, You may file an appeal. Include Your reason for the appeal and any documents that You feel are pertinent to Your situation. Your request should be sent to Our office within three (3) years of the time of filing written Notice of Claim.

We will make a benefit determination, independent of the original determination, using Your medical records and the provisions of Your Policy. You will receive a written decision from Us within sixty (60) days of Our receipt of Your appeal request.

TIME LIMIT FOR LEGAL ACTION: Legal action cannot be initiated before sixty (60) days after a written claim has been given to Us. Your time limit to commence any action is three (3) years after the time written claim is furnished.

PHYSICAL EXAMINATION: We may require You to undergo a physical examination or a Benefit Determination Assessment when reasonably required while a claim is pending.

CONFORMITY WITH FEDERAL AND STATE STATUTES: Any provision of this Policy which, on its effective date is in conflict with the federal statutes pertaining to Qualified Long-Term Care insurance or the statutes of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such statutes.

FEDERAL INCOME TAX TREATMENT OF THIS POLICY: Long-Term Care insurance was granted favorable federal income tax treatment under the Health Insurance Portability and Accountability Act of 1996. Policies meeting certain criteria outlined in this Act are eligible for such treatment. To the best of our knowledge, we have designed this policy to meet the requirements of this new law. This Policy is intended to be a Qualified Long-Term Care insurance contract under Section 7702B(b) of the Internal Revenue Code. If, in the future, it is determined that this Policy does not meet those requirements, we will make every reasonable effort to amend the Policy if we are required to do so in order to gain such favorable federal income tax treatment. We will offer you an opportunity to receive these amendments.



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

INFLATION PROTECTION RIDER

This rider is part of the Policy and is subject to all Policy provisions.

Catholic Order of Foresters will increase Your Maximum Daily Benefit and Maximum Lifetime Benefit at a rate of five (5%) compounded annually, for each year that coverage remains continuously in force, for Your lifetime. The increase amount will be based on the Maximum Daily Benefit in effect at the time and will automatically become effective on each Policy anniversary.

This rider is effective on the Effective Date shown on the Schedule.

The Premium for this rider is shown on the Schedule page of Your Policy.

The Benefits under this rider will terminate when the first of the following occurs:

1. the Policy terminates;
2. at the end of the Grace Period if Premium for the rider is not paid.

The Catholic Order of Foresters promises to pay the benefits described in this rider subject to its conditions and provisions. Signed for Catholic Order of Foresters at its Home Office in Naperville, Illinois.

High Secretary - Treasurer (Secretary)

High Chief Ranger - President



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

HOME HEALTH CARE INCREASE RIDER

This rider is part of the Policy and is subject to all Policy provisions.

Catholic Order of Foresters will double Your Maximum Daily Benefit payable for Home Health Care.

This rider is effective on the Effective Date shown on the Schedule.

This rider will terminate when the first of the following occurs:

1. the Policy terminates;
2. at the end of the Grace Period if Premium for the rider is not paid.

The Catholic Order of Foresters promises to pay the benefits described in this rider subject to its conditions and provisions. Signed for Catholic Order of Foresters at its Home Office in Naperville, Illinois.

High Secretary – Treasurer (Secretary)

High Chief Ranger - President



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

A Fraternal Benefit Society

HOME HEALTH CARE INCREASE RIDER

This rider is part of the Policy and is subject to all Policy provisions.

Catholic Order of Foresters will double Your Maximum Daily Benefit payable for Home Health Care.

This rider is effective on the Effective Date shown on the Schedule.

This rider will terminate when the first of the following occurs:

1. the Policy terminates;
2. at the end of the Grace Period if Premium for the rider is not paid.

The Catholic Order of Foresters promises to pay the benefits described in this rider subject to its conditions and provisions.

Signed for Catholic Order of Foresters at its Home Office in Naperville, Illinois.

High Secretary – Treasurer (Secretary)

High Chief Ranger - President



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

A Fraternal Benefit Society

GUARANTEED PURCHASE INFLATION PROTECTION RIDER

This rider is part of the Policy and is subject to all Policy provisions.

Catholic Order of Foresters will offer You, on Your second Policy anniversary and every two years thereafter, the option to increase your Maximum Daily Benefit and Maximum Lifetime Benefit then in effect by ten (10%) percent. The proposed increase will be based on the original Maximum Daily Benefit. Your Maximum Lifetime Benefit will not increase if you have elected a Lifetime benefit period.

At the time of the offer, We will notify you of the additional Premium amount. If You choose to elect the increase, You must accept it within 45 days of Our offer. Evidence of insurability is not required. If You do not elect the increase, that particular increase will not be available to You again. If two consecutive offers are declined, you will be ineligible for future offers.

We will not offer the increase if you are receiving Qualified Long-Term Care services under this Policy. Once you are no longer receiving Qualified Long-Term Care services, We will offer the option to increase your Maximum Daily Benefit and Maximum Lifetime Benefit at the next interval.

The additional Premium for the increase will be based upon Your attained age at the time the increase becomes effective at the rates then in effect.

This rider is effective on the Effective Date shown on the Schedule.

This rider will terminate when:

1. when two consecutive offers have been declined;
2. the policy terminates;
3. at the end of the grace period if the premium for the rider is not paid.

The Catholic Order of Foresters promises to pay the Benefits described in this rider subject to its conditions and provisions.

Signed for Catholic Order of Foresters at its Home Office in Naperville, Illinois.

High Secretary – Treasurer (Secretary)

High Chief Ranger - President



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

A Fraternal Benefit Society

5% COMPOUND INFLATION PROTECTION RIDER

This rider is part of the Policy and is subject to all Policy provisions.

Catholic Order of Foresters will increase Your Maximum Daily Benefit and unused Maximum Lifetime Benefit at a rate of five (5%) compounded annually, for each year that coverage remains continuously in force, for Your lifetime. The increase amount will be based on the Maximum Daily Benefit in effect at the time and will automatically become effective on each Policy anniversary. Your Maximum Lifetime Benefit will not increase if you have elected a Lifetime benefit period.

This rider is effective on the Effective Date shown on the Schedule.

The Premium for this rider is shown on the Schedule page of Your Policy.

The Benefits under this rider will terminate when the first of the following occurs:

1. the Policy terminates;
2. at the end of the Grace Period if Premium for the rider is not paid.

The Catholic Order of Foresters promises to pay the Benefits described in this rider subject to its conditions and provisions.

Signed for Catholic Order of Foresters at its Home Office in Naperville, Illinois.

High Secretary – Treasurer (Secretary)

High Chief Ranger - President



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

A Fraternal Benefit Society

SPOUSAL WAIVER OF PREMIUM RIDER

This rider is part of the Policy and is subject to all Policy provisions.

If both You and Your spouse are covered by a Policy, Premium for Your spouse's Policy and any attached riders will be waived on a monthly basis after You have been continuously confined for at least ninety (90) days in a Long-Term Care Facility or Assisted Living Facility.

The Benefit under this rider will end when You are no longer confined to a Long-Term Care Facility or Assisted Living Facility or You have reached Your Maximum Lifetime Benefit. Your spouse's Premium will then be due at the end of the month for which the last premium has been waived. Your spouse must pay all future Premiums as they become due.

This rider is effective on the Effective Date shown on the Schedule.

The Premium for this rider is shown on the Schedule page of Your Policy.

This rider will terminate when the first of the following occurs:

1. the Policy terminates;
2. at the end of the Grace Period if Premium for the rider is not paid.

The Catholic Order of Foresters promises to pay the Benefits described in this rider subject to its conditions and provisions.

Signed for Catholic Order of Foresters at its Home Office in Naperville, Illinois.

High Secretary – Treasurer (Secretary)

High Chief Ranger - President



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

A Fraternal Benefit Society

SPOUSAL SHARED BENEFIT RIDER

This rider is part of the Policy and is subject to all Policy provisions.

This rider will increase Your Maximum Lifetime Benefit that You would be entitled to use when qualifying for benefits payable under this Policy.

By purchasing this rider, You are agreeing to accomplish this by first using Your own Policy's Maximum Lifetime Benefit and then, if necessary, using a portion of Your spouse's Maximum Lifetime Benefit.

Benefits will be charged against Your Maximum Lifetime Benefit until it is exhausted. Any benefits that go beyond Your Maximum Lifetime Benefit will then be charged to Your spouse's Maximum Lifetime Benefit. Your spouse's benefits may not be reduced to less than 24 months of long-term care coverage.

You and Your spouse may both receive benefits under Your Policy at the same time. Once the benefits are exhausted under both Policies, both Policies and both riders will terminate.

SURVIVING SPOUSE BENEFIT

At the death of either spouse, the remaining Maximum Lifetime Benefit will transfer to the surviving spouse's Policy. The surviving spouse will be responsible for continuing his or her own portion of the premium. There will be no increase in premium.

If the surviving spouse cancels this rider at any time, he or she will be entitled only to the benefits which remain unused under his or her own Policy.

DISCONTINUATION OF RIDER AND/OR LAPSE OF POLICY

Either spouse may choose at any time to cancel the Spousal Shared Benefit Rider and maintain his or her base Policy or discontinue both the base Policy and rider.

1. If one spouse cancels the rider, the rider for the second spouse is automatically cancelled. In this instance, both spouses can retain their base Policies, and each pays his or her original base premium amount. Each spouse retains his or her own remaining Maximum Lifetime Benefit.
2. If one spouse cancels both the base Policy and rider, the rider for the second spouse is automatically cancelled. The second spouse can retain his or her own base Policy and pay his or her original base premium amount. The spouse retaining the Policy will retain his or her own remaining Maximum Lifetime Benefit.



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

A Fraternal Benefit Society

5% SIMPLE INFLATION PROTECTION RIDER

This rider is part of the Policy and is subject to all Policy provisions.

Catholic Order of Foresters will increase Your Maximum Daily Benefit and unused Maximum Lifetime Benefit at a rate of five (5%) annually, for each year that coverage remains continuously in force, for Your lifetime. The increase amount will be based on the original Maximum Daily Benefit and will automatically become effective on each Policy anniversary. Your Maximum Lifetime Benefit will not increase if you have elected a Lifetime benefit period.

This rider is effective on the Effective Date shown on the Schedule.

The Premium for this rider is shown on the Schedule page of Your Policy.

The Benefits under this rider will terminate when the first of the following occurs:

1. the Policy terminates;
2. at the end of the Grace Period if Premium for the rider is not paid.

The Catholic Order of Foresters promises to pay the Benefits described in this rider subject to its conditions and provisions.

Signed for Catholic Order of Foresters at its Home Office in Naperville, Illinois.

High Secretary – Treasurer (Secretary)

High Chief Ranger - President



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

A Fraternal Benefit Society

RETURN OF PREMIUM RIDER

This rider is part of the Policy and is subject to all Policy provisions.

After Your Policy has been in force for at least three years, this rider will provide a benefit should You die. After We are notified of Your death, We will calculate any applicable death benefit and pay it to Your named beneficiary. In the event You have not named a beneficiary, the death benefit will be payable to Your estate. The value will be equal to total premiums paid for the policy and all riders attached, while this rider is in force, multiplied by the applicable percentage (from the schedule below), minus any benefits paid or payable.

If You terminate this rider before You die and Your Policy remains in force, the benefit payable will be equal to the total premiums paid for this rider multiplied by the applicable percentage (from the schedule below), minus any benefits paid or payable.

Number of Years Policy In Force	Percent of Premium Returned
1 - 3	0%
4	10%
5	20%
6	30%
7	40%
8	50%
9	60%
10	70%
11	80%
12	90%
≥ 13 th	100%

This calculation will not include any premium waived under the Waiver of Premium provision or any unearned premium returned at the time of Your death.

This rider is effective on the Effective Date shown on the Schedule.

The Premium for this rider is shown on the Schedule page of Your Policy.

This rider will terminate when the first of the following occurs:

1. the Policy terminates;
2. at the end of the Grace Period if Premium for the rider is not paid.

The Catholic Order of Foresters promises to pay the Benefits described in this rider subject to its conditions and provisions.



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

A Fraternal Benefit Society

RESTORATION OF BENEFITS RIDER

This rider is part of the Policy and is subject to all Policy provisions.

Catholic Order of Foresters will restore Your Maximum Lifetime Benefit to the original amount chosen if:

1. You have not received Qualified Long-Term Care services for a period of at least 180 consecutive days;
2. You are not Chronically Ill;
3. You are not receiving benefits under the Policy; and
4. Your Policy has not otherwise been terminated.

The Maximum Lifetime Benefit may be restored an unlimited number of times.

This rider is effective on the Effective Date shown on the Schedule.

The Premium for this rider is shown on the Schedule page of Your Policy.

This rider will terminate when the first of the following occurs:

1. the Policy terminates;
2. at the end of the Grace Period if Premium for the rider is not paid.

The Catholic Order of Foresters promises to pay the Benefits described in this rider subject to its conditions and provisions.

Signed for Catholic Order of Foresters at its Home Office in Naperville, Illinois.

High Secretary – Treasurer (Secretary)

High Chief Ranger - President



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard • P.O. Box 3012 • Naperville, IL 60566-7012 • 630-983-4900 • 800-552-0145

A Fraternal Benefit Society

TAX QUALIFIED LONG-TERM CARE INSURANCE POLICY

THIS POLICY IS INTENDED TO BE A QUALIFIED LONG-TERM CARE INSURANCE CONTRACT UNDER THE FEDERAL TAX CODE AS DEFINED UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE.

IMPORTANT CAUTION ABOUT YOUR APPLICATION: This Policy was issued based on Your answers to the questions on Your application and payment of the first Premium. A copy of Your application is attached. If Your answers are incorrect or untrue, We may have the right to deny Benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, please contact Us at Catholic Order of Foresters, 355 Shuman Blvd, P.O. Box 3012, Naperville, IL 60566-7012. Our Customer Service Representatives can be reached toll-free at 1-800-552-0145.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Catholic Order of Foresters.

GUARANTEED RENEWABLE FOR LIFE: This Policy will remain in force over Your lifetime so long as Premiums are paid on time. The Premiums may change, but only if We change the Premium rates for all persons in the same payment class.

Any member expelled or suspended, except for non-payment of a premium or within the contestable period for material misrepresentation in the application for membership or insurance, shall have the privilege of maintaining the Policy in force by continuing payment of the required premium.

THIRTY (30) DAY FREE LOOK: If this Policy is not satisfactory for any reason, it can be returned to Us or Your agent within thirty (30) days of the date it was delivered. We will refund any Premium You have paid within thirty (30) days. The Policy will be considered to have never been issued.

NOTICE TO BUYER: This Policy may not cover all of the costs associated with long-term care, which may be incurred by You during the period of coverage. You are advised to periodically review this Policy in relation to the changes in the cost of long-term care and carefully review all Policy Exclusions.

NON PARTICIPATING: This Policy does not participate in Our profits or surplus earnings.

READ YOUR POLICY CAREFULLY: It is a legal contract between You and Us.

Signed for Catholic Order of Foresters at its Home Office in Naperville, Illinois.

High Secretary – Treasurer (Secretary)

High Chief Ranger - President

TABLE OF CONTENTS

	Page(s)
POLICY SCHEDULE.....	3
DEFINITIONS.....	4 - 9
BENEFITS.....	10 - 12
EXCLUSIONS.....	13
PREMIUM.....	14 - 15
CLAIMS.....	16 - 17
GENERAL PROVISIONS.....	18 - 19

A copy of Your application and any additional Benefits You have purchased are attached at the back of this Policy.

SCHEDULE

Policyholder Name: [John Doe] **Policy Effective Date:** [03/01/96]
Policyholder Address: [1234 Main Street] **Policyholder Issue Age:** [69]
[Anytown, Anystate, US 99999] **Policyholder Identification:**[123456789]

Elimination Period.....[20 Days][60 Days][90 Days][180 Days]
Maximum Lifetime Benefit.....[2 Years][3 Years][5 Years][Lifetime]
Maximum Daily Benefit[\$50.00-\$300.00]

FACILITY BENEFITS

Maximum Daily Benefit.....up to [\$xx.xx]

HOME AND COMMUNITY BENEFITS

[50%][100%] of Maximum Daily Benefit for Facility Benefitsup to [\$xx.xx]

The Home and Community Benefits will consist of a weekly [(Monday through Sunday)] maximum of seven (7) times Your Maximum Daily Benefit for Home Health Care charges received during the week.

INCLUDED BENEFITS

Bed Reservation..... up to the Maximum Daily Benefit per day, for up to 21 days per Calendar Year.
Caregiver Training.....up to \$500.00 over the life of the Policy.
Respite Care.....up to the Maximum Daily Benefit per day, for up to 21 days per Calendar Year.
Hospice Care.....up to the Maximum Daily Benefit.

PREMIUM

Base Coverage.....[\$xx.xx]
[Home Health Care Increase Rider.....[\$xx.xx]]
[[Compound Inflation Protection Rider][Simple Inflation Protection Rider][Guaranteed Purchase Inflation
Protection Rider]..... [\$xx.xx]]
[Non-Forfeiture Benefit Rider.....[\$xx.xx]]
[Return of Premium Rider.....[\$xx.xx]]
[Restoration of Benefits Rider.....[\$xx.xx]]
[Spousal Shared Benefit Rider.....[\$xx.xx]]
[Spousal Waiver of Premium Rider.....[\$xx.xx]]
[Survivor Spouse Paid-Up Rider.....[\$xx.xx]]

[15% Spousal Discount.....[\$xx.xx]]
[10% Preferred Discount.....[\$xx.xx]]

TOTAL ANNUAL PREMIUM.....[\$xx.xx]
PREMIUM PAYMENT METHOD.....[Monthly] [Quarterly] [Semi-Annual] [Annual]

***One Year Guarantee:** This Policy will provide Benefits to cover at least 365 days worth of long-term care coverage for Covered Services subject to the applicable provisions of your Policy.

DEFINITIONS

THE FOLLOWING WORDS HAVE SPECIAL MEANINGS. THEY ARE IMPORTANT IN DESCRIBING YOUR RIGHTS AND OUR RIGHTS UNDER THIS POLICY. REFER BACK TO THESE MEANINGS AS YOU READ YOUR POLICY.

ACTIVITIES OF DAILY LIVING: The following functions allowing for personal independence in everyday living are used as one measurement standard to determine Your eligibility for Benefits:

Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence: the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing: putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.

Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring: moving into or out of a bed, chair, or wheelchair.

ADULT DAY CARE: A program of social and health-related services for six (6) or more individuals, which is provided during the day in a community group setting for the purpose of supporting frail, impaired elderly, or other disabled adults who can benefit from care in a group setting outside the home.

ADULT DAY CARE CENTER: An institution that is licensed to provide Adult Day Care in accordance with state laws in which preventive, remedial, and restorative services are provided in a protective environment for part of the twenty-four (24) hour day. If licensing is not required, Adult Day Care Center means a place that:

1. provides Adult Day Care; and
2. maintains a daily written record of each client who receives services; and
3. has a staff including, at least, a director, one full-time Registered Nurse, Licensed Vocational Nurse or Licensed Practical Nurse, and enough full-time staff to maintain no more than an eight (8) to one (1) client-staff ratio; and
4. has established procedures for obtaining appropriate aid in the event of a medical emergency.

ASSISTED LIVING FACILITY: An institution that is licensed by the appropriate federal or state agency to engage primarily in providing care and unscheduled services to at least ten (10) resident inpatients in one location and meets all of the following criteria:

1. provides twenty-four (24) hour-a-day care and services sufficient to support the needs of a Chronically Ill Individual; and
2. has a trained and ready to respond employee on duty at all times to provide that care and service; and
3. provides three (3) meals a day and accommodates special dietary needs; and
4. has arrangements with a physician or nurse to furnish medical care in the case of an emergency; and
5. has the appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications.

If an institution (such as a congregate care facility or life care community) has multiple licenses or multiple purposes, only the portion, ward, wing or unit (including a separate room or apartment) that specifically provides the above described care and meets all of the above requirements will qualify as an Assisted Living Facility.

BENEFITS: A monetary sum payable for Qualified Long-Term Care service(s).

BENEFIT DETERMINATION ASSESSMENT: An in-person evaluation of Your functional level and cognitive status completed by Us at the time You file a claim.

CALENDAR YEAR: The period beginning on January 1st of any year and ending at 12:01 A.M. on January 1st of the following year.

CARE COORDINATOR: One of Our Licensed Health Care Practitioners that will help guide You and Your family through the claim process. This individual will be instrumental in helping to identify and obtain Qualified Long-Term Care service(s) for You.

CHRONICALLY ILL INDIVIDUAL: An individual who, within the preceding twelve (12) months, has been certified by a Licensed Health Care Practitioner as:

1. being unable to perform without Substantial Assistance from another individual two (2) or more of the Activities of Daily Living for a period of at least ninety (90) days due to a loss of functional capacity; or
2. requiring Substantial Supervision to protect him or herself from threats to health and safety due to Severe Cognitive Impairment.

Written certification must be renewed or updated at least every twelve (12) months.

The 90 days expectation of being unable to perform without Substantial Assistance from another individual (2) two or more of the Activities of Daily Living is not an additional Elimination Period.

CUSTODIAL CARE: Care primarily for meeting personal needs such as assistance with Activities of Daily Living. Custodial Care is not intended to restore health or ability to function and may be provided by someone without professional medical skills.

ELIMINATION PERIOD: The number of days for which no Benefit is payable. Your Elimination Period starts on the date that Benefits would otherwise begin and is in effect for the number of days shown on the Schedule page. The Elimination Period must be satisfied only once during the life of Your Policy.

HOME HEALTH AIDE AND PERSONAL CARE ATTENDANT SERVICES: Any Qualified Long-Term Care Services which involve assistance that a home health aide or Personal Care attendant employed by a Home Health Care agency provides to You. Such services include simple health care tasks, personal hygiene, help performing Activities of Daily Living, managing medications and other related supportive services.

HOME HEALTH CARE: Medical and non-medical services provided to a Chronically Ill Individual in his/her residence. These services may include Homemaker Care, assistance with Activities of Daily Living, and Respite Care services.

HOMEMAKER CARE: Any Qualified Long-Term Care services which involve assistance that a person provides You that are necessary to or consistent with Your ability to perform the Activities of Daily Living. Such services include light work and household tasks You would normally perform (but can no longer manage because of Your need for assistance) and activities such as simple household repairs, preparing meals, doing laundry and other incidental household tasks that do not require the services of a trained aide or attendant.

HOSPICE CARE: A planned program for meeting Your care needs if You are Terminally Ill.

HOSPICE FACILITY: An institution meeting the regulatory requirements for a Hospice Facility in the state where the services are rendered. If such state has no regulatory requirements, the agency must:

1. be primarily engaged in providing pain relief, symptom management and support service to dying persons and their families;
2. and provide Nursing Care under the supervision of a Registered Nurse.

HOSPITAL LONG-TERM CARE UNIT: An acute general hospital with wards, wing units or beds assigned for long-term care. Such a hospital must be certified or accredited by the state, Medicare or the Joint Commission on Accreditation of Health Care Organizations.

IMMEDIATE FAMILY: Anyone related to You in the following manner: spouse, brother or sister (includes stepbrother or stepsister), children (includes stepchildren), spouse of any of the above, parents (includes stepparents), or grandchildren.

INTERMEDIATE CARE: Occasional nursing and rehabilitative care performed by, or under the supervision of, skilled medical personnel.

INFORMAL CAREGIVER: A person who has the primary responsibility for caring for You at Your home. A person who is paid for caring for You is not an Informal Caregiver.

LICENSED HEALTH CARE PRACTITIONER: Any physician (as defined in section 1861(r)(1) of the Social Security Act), any Registered Nurse, any Licensed Social Worker or other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

LONG-TERM CARE FACILITY: An institution, which is licensed by the state where it is located and provides Skilled, Intermediate, Custodial, and Nursing Care on an in-patient basis under the supervision of a physician and/or licensed nurse and meets all of the following criteria:

1. provides twenty-four (24) hour-a-day Nursing Care services under the supervision of a Registered Nurse, Licensed Vocational Nurse, or Licensed Practical Nurse; and
2. keeps a daily medical record of each patient; and
3. is either a freestanding facility or a distinct part of a facility such as a ward, wing unit, or swing-bed of a hospital or other institution.

It does not mean: a hospital (unless the hospital meets the definition of Hospital Long-Term Care Unit) or a place that primarily treats the mentally ill, drug addicts or alcoholics.

MAINTENANCE OR PERSONAL CARE: Care primarily for providing needed assistance to a Chronically Ill Individual including the protection from threats to health and safety due to Severe Cognitive Impairment.

MAXIMUM DAILY BENEFIT: The dollar amount which We will use to determine the Benefit We will pay You for each day You incur expenses for Qualified Long-Term Care services. The Maximum Daily Benefit is subject to increase when an Inflation Protection Rider is purchased.

MAXIMUM LIFETIME BENEFIT : The total amount of coverage available under this Policy to pay for all Qualified Long-Term Care services. It applies to the combined total of all Benefit payments. The amount that applies on the Effective Date of the Policy is shown on the Schedule. The Maximum Lifetime Benefit is subject to increase when an Inflation Protection Rider is purchased.

MEDICARE: The Health Insurance for Aged Act, Title XVIII of the Social Security Act Amendments of 1965, as Constituted and Later Amended.

NURSING CARE: Services providing Skilled or Intermediate Care provided by one or more of the following health care professionals: Registered Nurse, Licensed Vocational Nurse, Licensed Practical Nurse, Physical Therapist, Occupational Therapist, Speech Therapist, Respiratory Therapist, Medical Social Worker or Registered Dietitian.

OWNER: The person to whom this Policy is issued and whose name appears on the Schedule page.

PLAN OF CARE: A written guide for Qualified Long-Term Care services designed especially for You that:

1. fairly, accurately and appropriately addresses Your needs for long-term care; and
2. is acceptable to You and Your physician; and
3. utilizes Qualified Long-Term Care services.

The Plan of Care will specify the type, frequency and providers of all the services You require and must be prescribed by a Licensed Health Care Practitioner.

The Plan of Care is to be completed once You have met the Benefit Eligibility requirements and expect to incur Qualified Long-Term Care expenses under this Policy. Your Plan of Care may need to be updated periodically as appropriate based on Your condition.

Your Plan of Care will be completed at Our expense if it is developed by Us. If You elect not to utilize the services of Our Care Coordinators, then Your Plan of Care must be completed at Your expense.

POLICY: This legal contract between You and Us, including Your application, and any riders or endorsements.

PROVIDER(S): Any licensed or certified health professional, Adult Day Care Center, Assisted Living Facility, Hospice Facility, Hospital Long-Term Care Unit, Long-Term Care Facility, or other entity, facility or person that is working within the scope of his/her license and are able to provide Qualified Long-Term Care services as defined in this Policy.

QUALIFIED LONG-TERM CARE: Services for necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services and Maintenance or Personal Care services which are required by a Chronically Ill Individual and are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

RESPIRE CARE: Nursing Care, Custodial Care or Hospice Care provided to You when those who normally care for You at home (generally family members, friends, neighbors, etc.) need relief from providing such care.

SEVERE COGNITIVE IMPAIRMENT: A deterioration or loss in Your intellectual capacity which places You in jeopardy of harming Yourself or others unless You receive Substantial Supervision. Your Severe Cognitive Impairment must be established by clinical evidence and standardized tests which reliably measure loss of:

1. short or long-term memory; and
2. orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and
3. deductive or abstract reasoning; and
4. judgment as it relates to safety and awareness.

Severe Cognitive Impairment can result from Alzheimer's Disease and similar forms of senility and irreversible loss of mental capacity.

SKILLED CARE: Daily care performed by, or under the supervision of, licensed health care personnel.

SUBSTANTIAL ASSISTANCE: The support of another person who must provide physical hands-on assistance or who must be within arm's reach of You to prevent, by physical intervention if necessary, injury while You perform an Activity of Daily Living.

SUBSTANTIAL SUPERVISION: Continual supervision which may include cuing by verbal prompting, gestures, or other demonstrations by another person that is necessary to protect You from harming Yourself or others when You have a Severe Cognitive Impairment.

TERMINALLY ILL: A condition where there is no reasonable prospect of cure and You have a life expectancy, as estimated by one or more physicians, of twelve (12) months or less.

YOU, YOUR, YOURSELF: The person to whom this Policy is issued and whose name appears on the Schedule page.

WE, US, OUR: Catholic Order of Foresters.

BENEFITS

BENEFIT ELIGIBILITY: You must be certified as a Chronically Ill Individual pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner and this certification must be made at least annually thereafter.

If the eligibility requirement is satisfied, We will, subject to certain Exclusions described in this Policy, pay Benefits, as listed on the Schedule, for costs You incur for Qualified Long-Term Care services. The amount of Benefits paid depends upon the type of Qualified Long-Term Care services provided. In addition, **no Benefits are payable once Your Maximum Lifetime Benefit has been exhausted.**

If You have any questions about Our Benefit Eligibility determinations, You may call or write Us: Catholic Order of Foresters, 355 Shuman Boulevard, P.O. Box 3012, Naperville, Illinois 60566-7012. Our Customer Service Representatives can be reached toll-free at 1-800-552-0145.

OPTIONAL BENEFIT COORDINATION: During Your claim for Benefits, Our Care Coordinator can work with You, Your Immediate Family, and Your physician to develop and monitor the appropriate Plan of Care, including assessments of Your situation and investigation of available care resources. **This service is optional, will be provided at no cost to You and will not count against Your Maximum Lifetime Benefit.**

Our Care Coordinators will:

1. develop a written Plan of Care for You to identify the type and frequency of Qualified Long-Term Services You need; and
2. indicate the services eligible for coverage under the Policy; and
3. identify services which You may need but which are not Qualified Long-Term Care Services under this Policy; and
4. assist in arranging needed services for You.

If You elect not to utilize the services of Our Care Coordinators, Your Plan of Care as well as all required assessments and certifications must be completed at Your expense.

BENEFIT PAYMENTS: Payments for Qualified Long-Term Care services will be made by Us directly to You once You have been certified as being eligible for Benefits.

YOUR BENEFITS: Under this Policy, only Benefits are paid for expenses You incur for Qualified Long-Term Care services.

FACILITY BENEFITS : We will provide Benefits for the cost You incur for all Qualified Long-Term Care services up to Your Maximum Daily Benefit which are provided in a Long-Term Care Facility, Hospital Long-Term Care Unit, Hospice Facility, Assisted Living Facility, or other approved facility. This benefit is subject to Your Maximum Lifetime Benefit.

HOME AND COMMUNITY BENEFITS: We will provide Benefits for the cost You incur for all Qualified Long-Term Care services provided in your home or other community setting including Home Health Care, Homemaker Care, Home Health Aide and Personal Care Attendant Services and Adult Day Care.

Instead of a Maximum Daily Benefit, You will receive a weekly benefit for Home Health Care costs You incur. This benefit will consist of a weekly [(Monday through Sunday)] maximum of seven (7) times Your Maximum Daily Benefit for Home Health Care charges received during the week. This benefit is subject to Your Maximum Lifetime Benefit.

This benefit adds flexibility to Your coverage because the amount and kind of care You need could exceed Your Maximum Daily Benefit on any given day.

RESPIRE CARE: We will provide Benefits for the cost You incur for Respite Care up to Your Maximum Daily Benefit per day, up to twenty-one (21) days per Calendar Year. This Benefit is not subject to the Elimination Period but is subject to Your Maximum Lifetime Benefit.

HOSPICE CARE: We will provide Benefits for the cost You incur for Hospice Care up to Your Maximum Daily Benefit. This Benefit is subject to Your Maximum Lifetime Benefit.

Hospice Care must be provided by an organization that is licensed to provide such care and is limited to those services received by You.

CAREGIVER TRAINING: We will provide Benefits for the cost You incur for Caregiver Training of an Informal Caregiver which makes it unnecessary for You to be in a Long-Term Care Facility, Assisted Living Facility or to receive Home Health Care in Your home from a paid Provider, up to the amount shown on the Schedule page. This Benefit is not subject to the Elimination Period but is subject to Your Maximum Lifetime Benefit.

ALTERNATIVE CARE BENEFIT: If You qualify for coverage under this Policy, We may pay for Alternative Care Benefits under this provision. The Benefits must be for Qualified Long-Term Care services that are medically acceptable, cost-effective, based on Your Plan of Care, and agreed to by You and by Us and a Licensed Health Care Practitioner.

You maintain the right to discontinue an Alternative Care Benefit and resume receiving Benefits as defined in this Policy.

BED RESERVATION BENEFIT: If You are receiving Qualified Long-Term Care services in a Long-Term Care Facility and must be hospitalized temporarily, We will pay the facility the actual room rate up to Your Maximum Daily Benefit, for up to twenty-one (21) days per Calendar Year. This Benefit is subject to Your Maximum Lifetime Benefit.

EXTENSION OF BENEFITS: If Your Policy lapses while You are receiving Qualified Long-Term Care services, it will not affect a claim beginning before the lapse. We will continue to provide Benefits for Qualified Long-Term Care services beyond the date of the lapse for as long as You remain benefit eligible without interruption. Continuous nursing home confinement shall include being transferred to another nursing home or receiving another level of nursing care in a nursing home or for the transfer back to a nursing home from a temporary/acute hospitalization.

This Extension of Benefits is subject to Your Maximum Lifetime Benefit, Maximum Daily Benefit, and all other Policy provisions.

WAIVER OF PREMIUM: After Facility Benefits have been paid by Us for ninety (90) consecutive days, You will not be required to continue to pay Premiums due in order to keep this Policy in force as long as: (a) You continue to receive Qualified Long-Term Care services in a Long-Term Care Facility, Hospital Long-Term Care Unit, Hospice Facility, or Assisted Living Facility for the same condition(s) for which You were confined; and (b) You have not exhausted Your Maximum Lifetime Benefit.

Once Facility Benefits cease, Premium payments begin again if Your Policy is to remain in force.

EXCLUSIONS

This Policy will not pay any expenses incurred, including room and board, care, treatment, services, equipment or other items, for the following:

1. services for mental or nervous disorders without demonstrable organic disease; however, this does not exclude or limit benefits for Alzheimer's Disease or other organic brain disorders; or
2. alcoholism or drug addiction; or
3. treatment for illness or medical condition arising out of war or any act of war, declared or undeclared; or
4. services for attempted suicide or intentionally self-inflicted injury; or
5. treatment provided in a government facility, unless a charge is made and You are legally obligated to pay; or
6. services for which benefits are available under Medicare or other governmental program, except Medicaid; any state or Federal workers' compensation, employer's liability or occupational disease law; benefits in duplication of any valid and collectible first party benefits under any state motor vehicle law; or
7. services provided by a member of Your Immediate Family; or
8. services for which no charge is normally made in the absence of insurance; or
9. services not included in Your Plan of Care.

NON-DUPLICATION: This Policy will not pay or reimburse expenses You incur for services or items to the extent that such expenses are reimbursable under Medicare (or would be so reimbursable but for application of a deductible or coinsurance amount) or under any federal, state, or other governmental health care plan or law (except Medicaid).

PREMIUM

PREMIUM AMOUNT: The payment due for this Policy is listed in the Schedule. If there is any change to the amount, We will notify You thirty (30) days in advance. No change will be made in the Premium Amount unless We change the Premium rates for all persons in the same payment class.

PAYMENT: Premium is to be paid in advance of the payment period indicated on Your Premium statement.

GRACE PERIOD: An initial Grace Period of thirty-one (31) days will be granted for each Premium that is unpaid on the due date. After thirty-one (31) days, a notice will be sent to You explaining that You have missed payment and that Your Policy risks lapsing. You will have an additional thirty-five (35) days from the date We mail such notice to You to pay any unpaid Premium. Payment will allow Your Policy to continue in force without interruption. Failure to pay any unpaid Premium by the end of this thirty-five (35) day period will result in the termination of Your Policy.

UNINTENTIONAL LAPSE: In addition to Yourself, You may designate an individual to be notified of lapse or termination. Notice will not be given until thirty-one (31) days after a Premium is due and unpaid and shall be deemed to have been given as of five (5) days after the date of the mailing. You may change Your designee at any time by sending Us written notification.

REINSTATEMENT: If You fail to pay Your Premium by the end of the Grace Period and We accept a subsequent Premium payment without requiring an application for reinstatement, Your Policy will be reinstated.

If We require an application for reinstatement and issue a conditional receipt for the accepted Premium, Your Policy will be reinstated upon approval of Your application for reinstatement; or, lacking such approval, Your Policy will be reinstated upon the forty-fifth (45) day following the date of such conditional receipt, unless We have notified You in writing of the disapproval of Your application for reinstatement.

The reinstated Policy will cover only loss resulting from such accidental injury sustained after the date of reinstatement and loss due to such sickness that begins more than ten (10) days after reinstatement.

If Your Policy is reinstated, You must pay the Premium retroactively to the date the Policy terminated.

REINSTATEMENT DUE TO SEVERE COGNITIVE OR FUNCTIONAL IMPAIRMENT: If You fail to pay Your Premium by the end of the Grace Period because You are Chronically Ill, You may request reinstatement up to six (6) months after termination of Your Policy.

Your physician must submit proof that You are a Chronically Ill Individual and that caused You to fail to pay Your Premium. We will require evidence of clinical diagnosis or tests demonstrating that You were a Chronically Ill Individual at the time of Policy termination before deciding on reinstatement.

If Your Policy is reinstated, You must pay the Premium due retroactively to the date Your Policy terminated. No Benefits will be paid for care or services received prior to the date We receive evidence from Your physician of Your loss.

UNEARNED PREMIUM: If Your Policy terminates due to cancellation or death, We will refund, on a pro-rata basis, the portion of any Premiums You paid which were to apply to periods following the termination. We will pay the refund directly to You or Your estate.

CLAIMS

NOTICE OF A CLAIM: You or someone acting on your behalf must notify Us within twenty (20) days, or as soon as possible, when You believe You need care or services covered under this Policy. Please write to Us: Catholic Order of Foresters, 355 Shuman Boulevard, P.O. Box 3012, Naperville, Illinois 60566-7012.

CLAIM FORMS: Upon receiving Your notice of claim, We will send You claim forms. If You do not receive the claim forms within fifteen (15) days, You may send Your claim to Us in writing with the following information: Your name, Your Policyholder Identification Number, the type and nature of Your loss, names and addresses of health care providers who are aware of Your condition or who have provided care covered by this Policy and the dates for which You are claiming Benefits.

PROOF OF LOSS: Proof of Loss must be furnished to Us within ninety (90) days after date of such loss. If it is not possible to give written Proof of Loss within the time required, We will not reduce or deny the claim for this reason if the Proof of Loss is filed as soon as reasonably possible. In any event, except in the absence of legal capacity, the Proof of Loss required must be given to Us no later than one (1) year from the time specified.

TIME PAYMENT OF CLAIMS: After We receive the proper written Proof of Loss, We will pay any Benefit(s):

1. immediately;
2. monthly, when the loss is expected to result in ongoing Benefits; or
3. immediately, when Our liability has ended.

If We contest a claim or a portion of a claim, You or Your assignee will be notified in writing that a claim is contested or denied within fifteen (15) days after having received Your claim.

The notice that the claim is being contested will identify the contested portion of the claim and Our reasons for contesting the claim. Upon receiving any additional information requested by Us, We will pay or deny the contested claim or portion thereof within fifteen (15) days.

PAYMENT OF CLAIMS: All Benefits will be paid directly to You for costs You incur for Qualified Long-Term Care services.

If the Benefit paid was based on information that is later found to be incorrect, such Benefit will be adjusted on the basis of the correct information. Overpayments by Us will be charged against future Benefit payments. Underpayments will be added to future Benefit payments.

PHYSICAL EXAMINATION: At Our expense, we may require You to undergo a physical examination or a Benefit Determination Assessment when reasonably required while a claim is pending.

MISSTATEMENT OF AGE: If the age or sex of a member or of any other person is considered in determining the premium and it is found at any time before final settlement under the policy that the age or sex was misstated, and the discrepancy and the premium involved have not been adjusted, the amount payable under the policy shall be such as the premium would have purchased at the correct age and sex. If the correct age was not an insurable age under the society's charter or laws, only the premiums paid to the society, less any payments previously made to the member, shall be returned or, at the option of the society, the amount payable under the policy shall be such as the premium would have purchased at the correct age according to the society's promulgated rates and any extension thereof based on actuarial principals.

WHEN YOU HAVE CLAIM QUESTIONS: If You have questions regarding a claim or would like an explanation of claim payment, please call or write Us: Catholic Order of Foresters, 355 Shuman Boulevard, P.O. Box 3012, Naperville, Illinois 60566-7012. Our Customer Service Representatives can be reached toll-free at 1-800-552-0145.

YOUR APPEAL RIGHTS: If You disagree with a claim determination because We have partially or fully denied benefits, You may file an appeal. Include Your reason for the appeal and any documents that You feel are pertinent to Your situation. Your request should be sent to Our office within three (3) years of the time of filing written Notice of Claim.

We will make a benefit determination, independent of the original determination, using Your medical records and the provisions of Your Policy. You will receive a written decision from Us within sixty (60) days of Our receipt of Your appeal request.

TIME LIMIT FOR LEGAL ACTION: Legal action cannot be initiated before sixty (60) days after a written claim has been given to Us. Your time limit to commence any action is three (3) years after the time written claim is furnished.

GENERAL PROVISIONS

ENTIRE POLICY, CHANGES: This Policy document, Your application, the Constitution and By-Laws of the Order, any riders and attached papers establishes a legal agreement between You and Us. Any change must be approved by one of Our executive officers and mutually agreed to by You. It must also be endorsed on or attached to this Policy. **No insurance agent has the authority to change this Policy or to waive any of its provisions.** The By-Laws may change in the future and all such changes are part of this Policy. No change in the By-Laws will reduce the Benefits under this Policy except as stated in the Maintenance of Reserve.

INCONTESTABLE PERIOD: During the first six (6) months Your Policy is in force, We may rescind Your Policy or deny an otherwise valid Qualified Long-Term Care insurance claim upon showing of misrepresentation by You that was material to the acceptance for coverage.

After six (6) months but before two (2) years of Policy coverage, We may rescind Your Policy or deny an otherwise valid Qualified Long-Term Care insurance claim upon a showing of misrepresentation that was both material to the acceptance of coverage and which pertained to the condition for which Benefits are sought.

After Your Policy has been in force for two (2) years, We may rescind Your Policy or deny an otherwise valid Qualified Long-Term Care insurance claim only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

We will refund the full amount of any Premium paid and this Policy will be considered void from the start if We rescind Your Policy.

If benefit payments have been made under this Policy, We may not recover such payments should We void Your Policy.

MAINTENANCE OF RESERVE: If the payments received from all policyholders should be less than the amount required to pay claims and other Benefits and maintain the reserves required by law, this Policy may be assessed. The Order will determine the fair share of the total amount required and bill accordingly. Any such assessment will be a debt against this Policy until paid. Interest will be charged on any such unpaid debt at the rate of 5% annually until it is paid. The amount of any such debt is limited to the value of this Policy. The Owner will not be held personally liable for it.

CHANGE OF BENEFICIARY: The right to change beneficiary is reserved to You and the consent of the beneficiary or beneficiaries shall not be the requisite to surrender or assignment of this Policy or to any change of beneficiary or beneficiaries, or to any other change in this Policy.

WHEN YOUR POLICY COVERAGE BEGINS: The date that Your coverage under this Policy begins is listed in the Schedule. All time periods begin and end at 12:01 a.m. at the place of Your residence.

WHEN YOUR POLICY COVERAGE ENDS: When one of the following occurs, You will no longer be entitled to Benefits under this Policy:

1. nonpayment of Premium (subject to the Grace Period and Waiver of Premium requirements); or
2. Maximum Lifetime Benefits are exhausted; or
3. You elect to terminate this Policy; or
4. We terminate this Policy for fraudulent statements made in the application;
or
5. Your death.

PORTABILITY: This Policy recognizes Qualified Long-Term Care services provided to You anywhere in the United States by Providers duly licensed or certified in accordance with applicable state or federal law.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date is in conflict with the statutes of the state in which You reside pertaining to Qualified Long-Term Care insurance on such date is hereby amended to conform to the minimum requirements of such statutes.

FEDERAL INCOME TAX TREATMENT OF THIS POLICY: Long-Term Care insurance was granted favorable federal income tax treatment under the Health Insurance Portability and Accountability Act of 1996. Policies meeting certain criteria outlined in this Act are eligible for such treatment. To the best of Our knowledge, We have designed this policy to meet the requirements of this new law. This Policy is intended to be a Qualified Long-Term Care insurance contract under Section 7702B(b) of the Internal Revenue Code. If, in the future, it is determined that this Policy does not meet those requirements, We will make every reasonable effort to amend the Policy if We are required to do so in order to gain such favorable federal income tax treatment. We will offer You an opportunity to receive these amendments.